Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09847

CERTIFICATE OF DEATH

- 1			_								-
		Montgon			AAADW AM		2. USUAL RESIDENCE (W o. STATE Mary)	here deceosed lived, if instituti		before odmissio	n) /
					MARYLANI				11		15
Н	b	. CITY OR TOWN (I	If outside corporate limits,		c. LENGTH OF STAY IN 16		C. CITT OR TOWN (If out:	side corporate limits, write RUR	AL ond give	neorest town)	
		RURAL	give nearest town) Bethesda		6 days		Salish	oury		23.3	
1	d	I. NAME OF HOSPITA	AL OR INSTITUTION (If not in ho	spital, g	ive street address)		d. STREET ADDRESS			e. IS RESID ON A FA	DENCE
		Naval H	ospital, Bethe	sda	, Md.		400 Ne	ewton Terrace			NO X
	0	NAME OF DECEASED Type or print)	First John		Middle Keith		RAINES	4. DATE Mont		Doy Yes	67
1	S. S				NEVER MARRIED	7 B.	DATE OF BIRTH	In ACT (In wages	IF UNDER 1		
3		Male		OOWED	DIVORCED [9 Apr 1946	21 birthday)		Doys Hours	Min.
			(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County 8	Stote, or foreign country)	12. CITIZ	ZEN OF WHAT	
	durin	ng most of working	life, even if retired)	INI	DUSTRY		Arlington	. Va.	(00)	NIRY?	
1		FATHER'S NAME	(retired)				14. MOTHER'S MAIDEN N	/		0.00	
			77 A man 777 m								
			r RAINES				Anabell C				
	IS. (Yes	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dotes of service) unknown	(e) 16. S	50CIAL SECURITY NO. 9-46-3945		FORMANT s. Marian RA	TNEC		Terrace	
	-		EATH (Enter only one couse per			311	o rigitalis id	Salich	ury,	INTERVAL BET	WEEN
П			TH WAS CAUSED BY:							ONSET AND D	
Н		1001	IMMEDIATE CAUSE (a)	Men	astatic Sarc	SIIIO:	1				
		1770	DUE TO						100		
1		Conditions, if ony									
		rise to immediat							5700		
		last.) (c)								
	1	DAPT II OTHER SI	GNIFICANT CONDITIONS CONTRIB	HTING T	O DEATH BUT NOT RELATED	TO TH	IE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)		19. WAS AUTO PERFORM	OPSY
ñ	8	PART II. OTHER SI	OHITICANT CONDITIONS CONTRIB	OTHIO I	O DEATH BOT NOT KEENTED	710 11	IL TERMINAL DISERSE COM	אווטוו טויבוו ווו ראוני יונטין			
1	3									YES	NO Sc
	CERTIFICATION		CAUSE OF DEATH	20b. DE:	SCRIBE HOW INJURY OCCUR	RED. (I	inter noture of injury in P	ort I or Part II of item 1B.)			
			MEDICAL EXAMINER)	41 LOC	JURY OCCURRED 20e	DIACI	OF INJURY (Home, form,	20f. (City or town)	· (Cour	nty) ((Stote)
	MEDICAL	Hour o.r	10	While of wark	Not While		ry, street, office bldg., etc.)	201. (City of lowil)	(600)	;!! y)	31016)
		p.r	fy that (1) (this haspital)			m	25 Jun 10	67 to 1 Jul	105	Z, that (1) (wal last
		saw the d	eceased alive on 1	Jul	19_67_, and	that	death accurred at	:25PM, from couses			
		220. SIGNATURE	1. 11 -	17			ATTENDING	MED. STAFF		TE SIGNED	71.12
П		/	14/ 1000	4		M.D		DIRECTOR PHYS.	2 J1	11 1967	
		22c. PHYSICIAN'S	11/1				22d. ADDRESS				
,		NAME (Type	W. J. FOUTY,	CDR	MC USN		Naval Hos	spital, Bethes	da. Mo	d.	
	220	. BURIAL, CREMATIO			23c. NAME OF CEMETER	Y OP C		23d. LOCATION (City or To			stote)
	230.	REMOVAL (Specify		106	Arlington I			Arlington	,,,	VE	D .
	B	or rak	OULT, Jo.	170	VITTING TOU	iau.	Louida		CICTRAD'S CH		
	724	The Pal	Church Trune	ral	Home Tlos	Vest	Broad REC'D	5 1967 ZSb. RE	GISTRAR'S SU	En Judg	c

ond 2 eoth. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove arban papers. Pages and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and it one event, within 72 hours are the earth Poge 4 may be retained by the hospital or attending physician.

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CERTIFICATE OF DEATH

- 1											
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	before odmission)							
	0	O. COUNTY MONTEOMERY MARYLAND	O. STATE MARYLAND B. COUNTY MAN	TGOMERY							
	b	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ourside corporate limits, write RURAL and give n	eorest town)							
		write RURAL and give nearest town) SILVER SPRING I week	SILVER SPRING 1	5-1							
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?							
8		HOLY CROSS HOSPITAL	10501 CASTWOOD AUS.	YES NO							
		NAME OF First Middle DECEASED Middle	Lost 4. DATE Month	Doy Year							
	- (Type or print) /1/A66/E /1,	KEAD DEATH JULY	6 1967							
	S. S		8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months D	Oys Hours Min.							
		F, WIDOWED DIVORCED	7/25/80 86 yrs.								
1		. USUAL OCCUPATION (Give kind of work done gg most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	COUNT CAC (COUNT) & STOCK OF THE OWNER, THE COUNTY	EN OF WHAT TRY?							
		lousewife Own home	Leonaratown, Marylana U.S.	Н							
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
		Cornelius Milburn	Grances Gatton								
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service) 216-46-0118-9	INFORMANT 10501 Address twood	Avenue							
	1/	None 216-46-0118-9	Charles M. Read Silver Spring.	Md.							
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)										
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral Hemorrhage 1 ONSET AND DEATH-										
	722/ DUE TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
		Conditions, if ony, which gove rise to immediate couse (a),	e Cardioyascular disease	15 years							
		stoting the underlying couse DUE TO									
		last. (c)	Land Land Land								
0	N.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?							
1	ATIC			YES NO NO							
м	CERTIFICATION	206. ACCIDENT WAS UNDERLYING ☐ 206. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING ☐ CAUSE OF DEATH	D. (Enter noture of injury in Port I or Port II of item 18.)	100							
	E	(IF EITHER, NOTIFY MEDICAL EXAMINER)									
	MEDICAL		PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (Count	y) (Stote)							
	ME	Hour o.m. p.m. 19 While Not While of work		100000000000000000000000000000000000000							
		21. I certify that (I) (this haspital) attended the deceased fram.	, 1955, taluly 6, 196	Z, that (I) (we) last							
		saw the deceased alive an July 6 1967, and the	hat death accurred at 1050 AM, from causes and an the								
н		220. SIGNATUR	ATTENDING MED. STAFF 22b DATI	ESIGNED							
а		O aymond Oradshaw,	M.D. PHYS. DIRECTOR PHYS. DIA1	46,1761							
1		22c. PHYSICIAN'S Raymond Bradshaw		er Spring Mo							
	230	. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City or Town) (C	ounty) (Stote)							
	10	REMOVAL (Specify) July 10, 1967 St. John!	s Cemetery Gorest Glen, Mary	land							
1	24	FLINERAL DIRECTOR CALL ADDRESS .	254 EBEC'D BY DECISTRAD 75h DECISTRAD'S SIG								
	6	Glen Carter Den Cater 8434 Georgia 1	Md. DATE DATE	Juage							
	TAR I	ATTEN TO PRESIDENCE TO THE STATE OF THE STAT	1 **								

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Poge 4 moy be retained by the hospitol or ottending physician.

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equires that the deoth certificate be executed within 24 haurs after deoth physician. signed by the ottending physicion and completely filled in by the funeral burial-transit permit. Then please energy capon papers Flags I and burial, cremation, or removol, and in any event, within 72 mans after deoth		o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: MARYLAND MARYLAND MONTY	
atte att		b. CITY OR TOWN (If outside corporate lin	nits, C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carparate limits, write RURAL of	and give nearest tawn)
Sin CA S	0	write SILVer spring	16 minutes Wheaton	151
E 22	68	d. NAME OF HOSPITAL OR INSTITUTION (IF		e. IS RESIDENCE ON A FARM?
illed pap	1	oly Cross Hospital		ON A FARM? YES NO X
d within the corporation of the	7	3. NAME OF DECEASED (Type or print) Ovid	First Middle Lost 4. DATE Month Eli Roberts, Jr DEATH July	Day Year 12 19 67
d complement of	8	S. SEX 6. COLOR OR RACE	THE THE MARKED	UNDER I YEAR IF UNDER 24 HRS
exe Se se	~	ale white	Wiscones [2]	
e deoth certificate be otherwise otherwise of the otherwise on, or removol, and in	m	Oo. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	10b. KIND OF PASINESS OR THE STATE OF THE ST	12. CITIZEN OF WHAT COUNTRY?
ifice hysi ol,	1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
cert The mov	0	Ovid Eli Roberts		
that the deoth certific an. by the ottending phys transit permit. Then p cremation, or removol,		1S. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes give war ar date Yes	of conviced	(1)-1-1 D
he deoth ottendii permit.	V		daughter Sliver	Spring, Maryl
t the	· A	18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
tha an. by tran	1	DAN X IMMEDIATE CAU	SE (0) Cardiac arrest	3 hours
equires that thy physician. Signed by the burial-transit burial, cremat	A	Conditions, if ony, which gave	(b) Coronary artery thrombosis	7(
ph ph sig bu bu	Z	nise to immediate cause (a), stoting the underlying couse	UE TO(!) (2)	(1/1960
e law retending is been os the prior to	1	last.	10 l'abetes mellitus +arteriosclerosis	211950
	21	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
N: Th or at ate ha	13	Tavalysis	agitans -	YES NO
Pitol Pitol de fe		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
the Det	B	20c. TIME OF INJURY Month, Doy, Year Haur o.m.	2Dd. INJURY OCCURRED While Not While of work 2De. PLACE OF INJURY (Hame, form, factory, street, affice bldg., etc.)	(County) (State)
After After After a be e Stat	7	21. I certify that (I) (this h	aspital) attended the deceased fram 46,19 , 1963, to July 12	, 19 <u>67</u> that (I) (we) la
OR:	3		July 12 1967, and that death accurred at 11.76 A.M., from couses and	
OR ATTER be retaine DIRECTOR ge 3 shoul led with th	0	220. SIGNATURE Que	ee (M.D. ATTENDING MED. STAFF DIRECTOR DIPHYS. DI	22b. DATE SIGNED July 12, 1967
FRAL pag or, pag d be file	1	22c. PHYSICIAN'S NAME (Type) E. C.	FRENCE PICE Washington Dec. 20	
O HOSPII Poge 4 m O FUNER/ director,		23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)		(County) (Stote)
5 5 5 p		13 mount pary	14, 1967 Arlington National Cemetery Arlington,	
VR A15 (4) 25M 1/67		John B. homas think	COUTTY SECTOROR TO STORE IIII / IUL / STORE	RAR'S SIGNATURE
Z3M 1/6/		Varner E. Pumphrey.	Inc. Silver Spring, Md. DATEJUL 14 1301	

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		PARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
		E OF DEATH
١.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
A	MONTGOMERY MARYLAND	MARY (AND B. COUNTY MONTGOMERY
-	b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
2	write RURAL and give nearest town)	SILVER SOPING
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
1	1ARY LANDER	803 LOMBARDY CT. ON A FARM?
3.	NAME OF First Middle DECEASED (Type or print)	Last 4. DATE Month Day Year OF DEATH JULY 2 1967
j.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
F	EMALE WHITE WIDOWED DIVORCED W	5-28-01 (last birthday) Months Days Hours Min.
08	a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
lur.	Industry Industry	ENGLAND COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ABRAHAM	Rochan
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address CA: HEROOM
Ye	es, no, or unkown) (If yes give war or dates of service)	eltain ACHESHOUT ST MA
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	tomor built metastases amend
	15/A DUE TO A 1 - 10 4	- 1. 1
	Conditions, If any, which) (b) the world the	is cardiovasculardistes 3 years
	gave rise to immediate cause (a), stating the DUE TO	
	underlying cause last. (c)	
CALCA	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \[\] NO \[\]
CERIIL	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCIOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
N. I		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
EDI	Hour a.m. While Not While p.m. 19 at work at work	ory, street, office bldg., etc.)
2	21. I certify that (i) (this hospital) attended the deceased from	4 / 10 1966 to 7 / 2 196) that (I) (we) last
		at death occurred at 3 A.M. from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNED
	James V. Cerr Mitt M.	D. ATTENDING MED. STAFF DIRECTOR PHYS. 7/2/67
	220 PHYSICIAN'S	22d. ADDRESS
	NAME (Type)	

NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town or county)

25b. REGISTRAR'S SIGNATURE

Bat

1967

REC'D BY REGISTRAR

25a.

DATEUL

(State)

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remoye carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours is a should be filed with the State Dept.

BURIAL, CREMATION, REMOVAL (Specify)

FUNERAL DIRECTOR

23a.

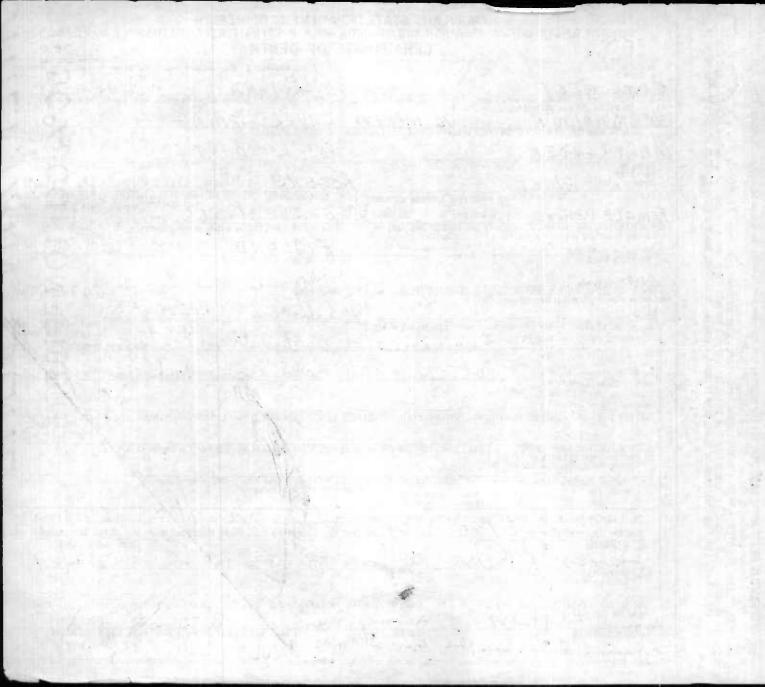
24.

23b.

DATE THEREOF

23c.

VR AI5 (4) 20M 1/65



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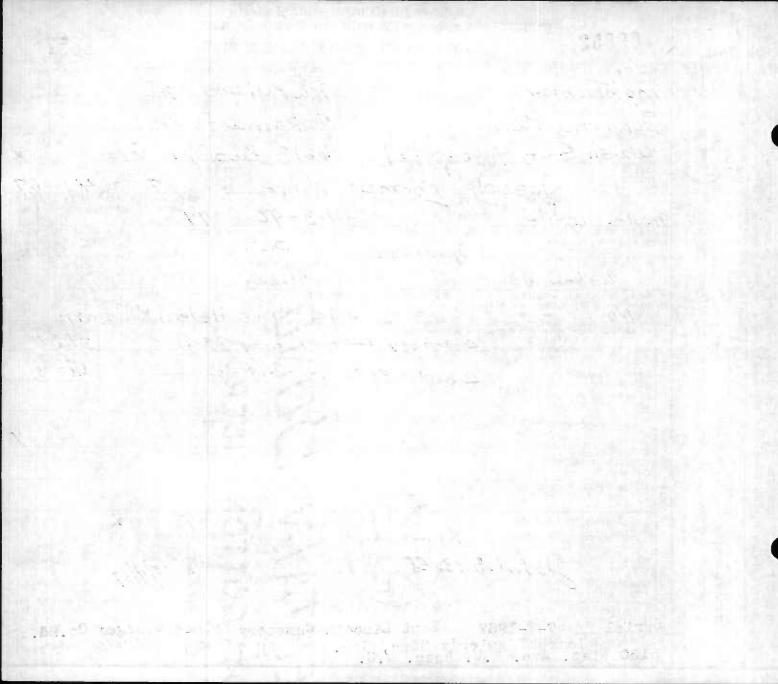
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09852

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09857

4		IV.	IEDICAL EXAMINER 3	CERTIFICATE OF	DEAIR	00000
PT.	1. F	LACE OF DEATH		2. USUAL RESIDENCE (Whe	ere deceased lived, if institution	on: Residence before admission)
/	.0	COUNTY	MARYLAND	O. STATE	b. COUN	TY
ŀ	-	nongomery City Or Towny (If outside corporate limits,	c. LENGTH OF STAY IN 1b	CITY OR TOWN (IN outset	de corporate limits, write RUR	Al and give pearest town)
	-	write BURAL and give neorest town)	C. ELITORI OF STATE IN 12	17 - /	D /.	At one give neorest lowing
-	-	. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	ital aive etroet address)	d. STREET ADDRESS	2 tark	e. IS RESIDENCE
			/ L J		-	ON A FARM?
/	_	Wash, San + H	ospijaj		astern (LVe. YES NO
1		IAME OF First	/ Middle	D ^{Lost} 4	I. DATE Month	
-	_	Type or print) Yoseph	Morman	Nomm.	DEATH 7	4-1967
1	S. S	The state of the s		B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min
	1	rale while wido		4-3-90	77 Yrs.	
1	loo.	USUAL OCCUPATION (Give kind of work done 10 most of working life, even if retired)	Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
			Sports Ware	Pru	551a	- M.S.A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
		Un known		Unknou	w	
		WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) ((If yes give wor or dotes of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	
	1.0.	NO	u	ye - mrs	Helenk	Romm.
		1B. CAUSE OF DEATH (Enter only one couse per lin	ne for (o), (b), ond (c).)	1		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	coronary Ins	dff/cency	Acute -	3 NST AND SEATH
		4201 DUE TO	- Dielie Vasc	5 2 2		110000
			Diel. O VESC	vler. Vise	354.	4015.
		stoting the underlying couse				
		lost. (c)				
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
<	CERTIFICATION					YES NO
	RTIF	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	b DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Por	t I or Port II of item IB.)	
		CAUSE OF DEATH.				
	MEDICAL			ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	×	p.m. 19 o	twork otwork			
		21. I certify that I taok charge of the			Inspection X, Inqui	iry 🔀, and in my apini
		death resulted from: Natural cause	s 🔀 , Accident 🔲 , Sui	cide 🔲, 🛮 Hamicide 🛭], Undetermined ma	inner
		ACTUAL O P	200	CHIEF MEDICAL EX		OO DATE COME
		SIGNATURE John 5	. I Inle	M.D. ASSISTANT MEDICA	1 //4	22. DATE SIGNE
		EXAMINER'S		DEPUTY MEDICAL E		10/
-	220	NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		ty, town, or county)	
	P.	REMOVAL (Specify)			23d. LOCATION (City or Tow	
2 -	24	urial 7-7-1967	FORT Linco	In Cemetery	Prince Geo	PER CHIGNATUR Md.
1	E	FUNERAL DIRECTORJOS eph Gawle	er's SADDRESS Inc	• 200 7	1967	world Judge.
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	death.	11		PLACE OF DEATH		
	onera Franca Franca Franca Franca	lay.		o. COUNTY	ont	90
	or the final Pages	1		b. CITY OR TOWN (
	rs a	38		write RURAL and	give ne	grest to
	hours after n by the fur s. Pages t hours after	1		d. NAME OF HOSPIT	11001	271
	24 h ed in pers			d. NAME OF HOSPII.	AL UK IN	2111011
	.u # 0.E	168	-	Noly	CV	055
	with with			NAME OF U		
	od with			(Type or print)		
	mp /e	SKS	S.	SEX		OR OR
	equires that the death certificate be executed with physician. signed by the attending physician and completely burial-transit permit. Then please remave arbibation, crematian, or remaval, and in any event with		Y	nale	1	V
	be e and e re	00		. USUAL OCCUPATION		
	icate be sician an please re I, and in	K	OUT /	ing most of working	iire, even	it retire
	fica ysic ple ple ple	V -	13.	FATHER'S NAME		
	certification of the certifica	V	1	Unknown		
	eath certifi ending phy mit. Then or remaval	10	15.	WAS DECEASED EVE	R IN U.S.	ARMED
	law requires that the death certificate nding physician. Been signed by the attending physicians the burial-transit permit. Then pleas iar ta burial, crematian, or remaval, and	(,	(Ye	es, no, or unknown)		
	att att			18. CAUSE OF DI		ter only
	that the dian. by the attransit per cremation,	x Bm	1	PART I. DEA	TH WAS	CAUSED
	quires that the physician. signed by the burial-transit burial, cremat	CX		331X	IN	MEDIA
	quires the physician signed by burial-tra	N		Conditions, if ony	which o	iove)
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		O		stoting the unde	rlying co	use
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	G PHYSICIAI the haspital r this certifice detached fa	1	MEDICAL	20c. TIME OF INJU	JRY Mon	ith, Day
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	HOSPITAL age 4 may FUNERAL C lirectar, pag	1		NAME (Type	9.	ohk
	HOSP age 4 FUNE FUNE firector	0	230	. BURIAL, CREMATIC	N,	23b.
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	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceo			before odmissi	ion)
	o. COUNTY	ontgom	ery	MARYLAND		o. STATE	rula	nd b. cour	NTY M	10 nta	Amer
	b. CITY OR TOWN (I	f outside carporote limit	is, c.	LENGTH OF STAY IN 16		c. CITY OR TOWN (If ou	tside corpor	ote limits, write RUI	RAL ond give i		
		give nearest tawn)		22 adres	2	XXXXXXXXXX	CXX	Silver S	prina	15.1	
ī	d. NAME OF HOSPITA	AL OR INSTITUTION (n	ot in hospitol, give s	treet oddress)		d. STREET ADDRESS 30	1330	Illston A	venue	e. IS RESI ON A F	DENCE
0	Holy	Cross 4	ospital			VACOCXXXXX	(XXXXXX	COLXEXXXXXX	XX.	YES	NO K
	NAME OF O	F	irst	Middle	,	Lost	4. DATE	Mont	h	Doy Ye	ear
	(Type or print)	91	bert	Jesepl	h	Rose	OF DEATH	7		1 19	67
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	3.	DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months I	YEAR IF UNDE Doys Hours	R 24 HRS. Min.
1	nale	W	WIDOWED _	DIVORCED		7-3-0	2	64 yrs.	monnis 1	7013	Trint.
00	. USUAL OCCUPATION ing most of working	(Give kind of work done	10b. KIND O	F BUSINESS OR	Co.	11. BIRTHPLACE (County	& State, or fo	oreign country)		EN OF WHAT	
JUS	Printer	me, even ii remeu)	Juda &		七	Missons	ri		11	SA	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
-	Unknown	110000				Unknown					
15.		R IN U.S. ARMED FORCES? (If yes give wor or dates			_	FORMANT	301	2 Addre		1	3110
	Ne	None	or solvice)		103	eph Rose	- 5:1	3 Fallst	on Roa	a	
		ATH (Enter only one co	use per line (o), ((b), ond (c).)	Л	11		1	63	INTERVAL BE ONSET AND	
	PARI I. DEAI	H WAS CAUSED BY: IMMEDIATE CAUSE	(0)	eleca	0	Venue	ul	Me		ONSET AND	DEATH
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	stoting the under		10		1	-10	1	-			
	last.)	(c) /////	wear	de	W M	as	6			
N	PART II. OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT RELATED	TO TH	IE TERMINAL DISEASE COM	VIDITION GIV	EN IN PART 1(o)		19. WAS AUT PERFORM	OPSY MED?
3			0			U				YES _	NO X
	20o. ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	20b. DESCRIB	E HOW INJURY OCCURE	RED. (E	nter noture of injury in I	Port I or Po	rt II of item 18.)			
9		MEDICAL EXAMINER)									
5	20c. TIME OF INJL	IRY Month, Day, Yeor	20d. INJURY	11.00		OF INJURY (Home, form		(City or town)	(Coun	ty)	(Stote)
E	p.n	10	While of work	Not While of work	TOCTO	ry, street, office bldg/, etc.)	-	11/4			
	21. I certi	fy that (I) (this ha	spital) attended			0/29/61	1,	to			(we) last
		eceased alive on_	July	19 <u>6</u> , and	that	death occurred at	6.271	M, fram causes	and on the	dote stote	d abave.
	220. SIGNATURE	0 1	ni	1		ATTENDING A	MED.	STAFF	22b DAT	E SIGNED	1 7
	10	Cut.	Clar	ry	M.D.	PHYS.	DIRECTOR	PHYS. L	Jul	4/14	61
	27. PHYSICIAN'S NAME (Type)	00660	C.,	1		22d. ADDRESS			d.		04
		J.OT GO J.	Curry	\cup			N.	Avenue,	Silve		19.
230	REMOVAL (Specify)	01		c. NAME OF CEMETERY		2		OCATION (City or To		County) (Stote)
(remation	2 July 3	, 1967	Port Lincon	ln	(rematory		nce George		MATURE.	
24	I. FUNERAL DIRECTO	rter Co	lentales 84	134 Georgie	a A	yenne 250. Kel	BY REGIST	4007	GISTRAR'S SIG		

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MODELL WAS TONE STREET

Sp.Md. Ln.

0985 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09859 CERTIFICATE OF DEATH

	PLACE OF DEATH				Where deceased lived, if insti		e admission)
	o. COUNTY/on/50	impile Co	MARYLAND	d. STATE Marv		Monta	omanu
	b. CITY OR TOWN (If ou		c LENGTH OF STAY IN 1b	147 CV 7			
	write RURAL and giv		C. LENGTH OF STAT IN TO	C. CITT OK TOWN (IT do	utside carporate limits, write 1	KUKAL and give neares	T Tawn)
			to the state of th	Silve	er Spring	1.5	
	d. NAME OF HOSPITAL O	OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
1	ble More	an Mannit	21-01.000	my	01 1 11 7		ON A FARM?
1	OLL CRUS	S HUSDITE	11-DIIVERSPRING I	1000		OII C	YES NO X
	NAME OF	First	Middle	Lost		onth Day	
	DECEASED (Type or print)	rah	Kns	Flihloom	OF DEATH JUI	0 1/0	1967
		COLOR OR RACE 7.	MARRIED NEVER MARRIED	1 8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
7		111/2:10			last highday)	Months Doys	Hours Min.
1	EMALE	/	WIDOWED DIVORCED	March 10,	1892 75 Yrs.		
100	. USUAL OCCUPATION (Gi	ve kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF	
duri	ing mast af warking life,	even if refired)	INDUSTRY	Russia		COUNTRY	5 A
12	FATHER'S NAME				NAME	0.1	20110
	Joshua H	eshel Ple	sset	Esther	Rabinowitz		
	WAS DECEASED EVER IN			7. INFORMANT	Ad	dress S-	Ll.Sp.Mo
(Ye	s, no, or unknown) (If y	jes give war ar dates at se	rvice)	Tachus Dage	nhloom 100	O Chisw	A.
_			e war ar dates of service) Joshua Rosenbloom er anly ane couse per line far (a) (b), and (c). MEDIATE CAUSE (b) MEDIATE CAUSE (c)	HDTOOM TOO			
	18. CAUSE OF DEATH	I (Enter anly ane couse p	per line far (a), (b), and (c).)	' 11.	/	INI	ERVAL BETWEEN
	PARI II ULAIII I	IMMEDIATE CAUSE (o).	Isente	ue m	mora		Louis
	332X	DUE TO		. 1 +	, /	. 0	mod
	Canditians, if any, wh	nich gave) (b)	Generaliza	1 l portene	oxcleso2	4 5	5
	rise to immediate co	ouse (a), (Dur to	Jizi Lug	2. 00 1.0	550 00	- 30	14ns
-	stoting the underlying	ig cause					
	lost.) (c)					
_	PART II. OTHER SIGNIF	FICANT CONDITIONS CONT	RIBUTING TO DEATH, BUT NOT RELATED	TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	1 19.	WAS AUTOPSY
NOIL	PART II. OTHER SIGNII	FICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	'	PERFORMED?
CATION	Cereb	ral to	nombosia.	and con	mary thre	'	
RTIFICATION	Cereb 20g. ACCIDENT WAS UN	iderlying	20b. DESCRIBE HOW INJURY OCCURR	and con	mary thre	'	PERFORMED?
CERTIFICATION	Cereb	IDERLYING CAUSE OF DEATH	nombosia.	and con	mary thre	'	PERFORMED?
ICAL CERTIFICATION	20a. ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	IDERLYING CAUSE OF DEATH DICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURR	and con	Port I or Jett II of item 18.)	'	PERFORMED?
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MEDICAL CERTIFICATION	20a. ACCIDENT WAS UN OR CONTRIBUTING CO (IF EITHER, NOTIFY MED 20c. TIME OF INJURY Hour a.m. p.m.	IDERLYING CAUSE OF DEATH DICAL EXAMINER) Month, Day, Year	20b. DESCRIBE HOW INJURY OCCURR 20d. INJURY OCCURRED While Not While at wark at wark	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	Port I or fat II of item 18.) n, 20f. (City or town)	(County)	PERFORMED? ES NO (State)
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MEDICAL CERTIFICATION	20a. ACCIDENT WAS UN OR CONTRIBUTING 12 (IF EITHER, NOTIFY MED 20c. TIME OF INJURY Hour a.m. p.m. 21. I certify sow the decer 22a. SIGNATURE)	IDERLYING	20b. DESCRIBE HOW INJURY OCCURR 20d. INJURY OCCURRED While Not While at wark	PLACE OF INJURY (Home, form foctory, street, office bldg., etc. ATTENDING PHYS. 1 22d. ADDRESS	Port I or part II of item 18.) n, 20f. (City or town) 1967, ta OSS M, fram cause MED. STAFF DIRECTOR STAFF PHYS.	(County) 26, 1947, the sand on the date 22b. DATE SIGN	(State) (State) (at (1) (we) last e stated abave
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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W ()					0 6		
			2. USUAL RESID	b (0		efore odmission)	
					FR 6	congest	
If outside corporate limits,			c. CITY OR TOWN	I (If outside corporate limits, write R	URAL ond give ned	arest town)	
la (rural)		55 days		Camp Springs,	16	2	
TAL OR INSTITUTION (If not	in hospital, g	give street oddress)	d. STREET ADDRE	ESS .		e. IS RESIDENCE ON A FARM?	
Hospital			5921 F	armer Drive		YES NO X	
Edwin First		Renay	ROSS	O.E.		Doy Year 19	
6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEA		
Cauc	WIDOWED	DIVORCED [May 28,	1923 Hit yrs.	Monnis	ys nours man.	
N (Give kind of work done life, even if retired)					12. CITIZEN COUNTR		
av Ross			Georg	ia Bartlett			
FR IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.			dress Ma		
(If yes give wor or dotes of	service)	15 26 0252	0			Comm	
			rus. raty	NOSS, JAZI FAIN	ler Drive	INTERVAL BETWEEN	
TH WAS CAUSED BY:	Carci	nome of the	nancreas to	ith exceion into	the	ONSET AND DEATH	
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which gave \		oraco ana	massive ne	Morrinage			
te couse (a)							
riying couse							
				/		10 MAC AUTODOV	
IGNIFICANT CONDITIONS COL	NTRIBUTING 1	O DEATH BUT NOT RELATED) TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO	
S UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of in	jury in Port I or Port II of item 18.)			
URY Month, Doy, Year m.	While	- Not While -			(County)) (Stote)	
2]. I certify that 4) (this haspital) attended the deceased from Play 10 , 19 57, to July 4 , 1957, that 4) (we) las							
220. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED							
5	200		22d. ADDRE	22			
H. E. ASH	WORTH,	M.D.	Nava	1 Hospital, Beth	esda. Mo		
ON. 23b. DATE THER	EOF .	23c. NAME OF CEMETERY				unty) (Stote)	
1) -1-16						,, , ,	
1			250	. REC'D BY REGISTRAR 2Sb			
uitland Rd.	. Suit	land. Md.	DA	JUL 7 196/ /	workey	Juage	
	MONTGOMERY If outside corporate limits, d give nearest town lea (rural) AL OR INSTITUTION (If not Hospital First Edwin 6. COLOR OR RACE Cauc (Give kind of work done life, even if retired) NY AND ROSS RINUS. ARMED FORCES? (If yes give wor or dates of 1942–1964 EATH (Enter only one coust ITH WAS CAUSED BY: IMMEDIATE CAUSE (Coust) ON JUST OF DEATH MEDICAL EXAMINER) URY Month, Doy, Year M. 19 Ify that (I) (this hasp becaused alive on 1941 DR WILHELM FUR 7/7/6 ON, 23b. DATE THER 7/7/6 OR WILHELM FUR	MONTGOMERY If outside corporote limits, d give neorest town. Is (rural) AL OR INSTITUTION (If not in hospitol, general town. AL OR INSTITUTION (If not in hospitol, general town. First Edwin 6. COLOR OR RACE Cauc N (Give kind of work done life, even if retired) AND ROSS RINUS. ARMED FORCES? (If yes give wor or dotes of service) 1942-1964 EATH (Enter only one couse per line for IH WAS CAUSED BY: IMMEDIATE CAUSE (o) Que TO Cyrlying couse (c) GONIFICANT CONDITIONS CONTRIBUTING IN CONTRIBUTION IN CONTRIBUTING IN CONTRIBUTION IN CONTRIBUTI	MONTGOMERY If autside corporote limits, d give neorest town 1	MONTGOMERY If outside corporote limits, divenerest town, a give per limits, divenerest town. At OR INSTITUTION (If not in hospitol, give street oddress) At Institution (If not in hospitol, give street oddress) At Institution (If not in hospitol, give street oddress) At Institution (If not in hospitol, give street oddress) At Institution (If not in hospitol, give street oddress) At Institution (If not in hospitol, give street oddress) At Institution (If not in hospitol, give street oddress) At Institution (If not in hospitol, give street oddress) At Institution (Institution (Institution (Institution (Institution (Institution (Institution (Institution (Institution (Institution (Instituti	MONTGOMERY MARYLAND If outside corporate limits, diversitated to the corporate limits, write R days diversitated to the cor	MONTGOMERY Maryland Camp Springs Camp	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Lineral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages Land 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 2 hours after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after-death

(Joseph Consille TVBE SEL Lung Spring STEL FRANCE MALE - Daniel Call Chors and the freshman chambed and the second s THE RESERVE OF THE CASE OF THE PARTY OF THE Carry local of the bearing with erector lice and to wire true made to an extract his fourt of the The state of the s . Mil. nonated . Intibudi . Immil-H. H. Maline M. H. D. THE RESERVE OF THE PARTY OF THE Hard to the state of the state

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09856 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY o. COUNTY Montgomery Maryland MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TDWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town)

Silver Spring

d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Silver Spring d. STREET ADDRESS Glen Ave 9732 Glen Ave Apt 3. NAME OF First Middle 4. DATE Last Manth DECEASED July JOHN AN DERSON ROSS (Type or print) DEATH S. SEX 6. COLDR DR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** 4 Jast birthday) Male White Oct 3.1919 WIDDWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) during most of working life even if retired) Lectronics New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Russell B. Ross Esta Pearl Gochenaur 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 7709 Locust (Yes, no, or unknown) (If yes give wor or dates of 1943–1944 William H. Ross, Oxon Mill, 579-03-9144 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: vombosis DUE TO Canditians, if any, which gave rise to immediate cause (o). DUE TD stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) Haur 'a.m. factory, street, affice blda., etc.) Not While at wark at wark 21. I certify that (I) (this hospital) attended the deceased from 1 saw the deceased olive on and that death accurred at 11 A M, from couses and on the date stated above. 22a SIGNATURE

OR ATTENDING PHYSICIAN: TO FUNERAL DIRECTOR: After be retained with 1 director, page 3 shauld be filed v O HOSPITAL VR A15 (4) 25M 1/67

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CERTIFICATION

MEDICAL

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certificate

physician ten please

24. FUNERAL DIRECTOR Some,

NAME (Type)

23g. BURIAL CREMATION.

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill

Wash, D.

Jameson

Cem

22d. ADDRESS

Suitland

09861

17

12. CITIZEN OF WHAT

Lane,

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

NO

(Stote)

COUNTRY?

IF UNDER 1 YEAR

Montgomery

e IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS

DIRECTOR

(County)

22b. DAJE SIGNED

Maryland barigani Enight Charles | Packy | Street Carting TOS TON SYN HOLD SKYD - 108 Mg. ev. 46 ED SKYD man the Joly 17 THE STOLE OF THE STOLE OF START OF START . And yell seinening lev York egol & (fasaus) Transmicot Street Mich , bare teloger of the yes 1005, 1048 [2020, 12020, 1012] em d. 1000, 000 dill, 141, Sale Patrick Transcon 1. D. C. Francisco Burtist Con Bathy Till Con Buttimes, Manualesia "Description of the South of the South of the second

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Ttems #13 & 14 Film #633 CERTIFICATE OF DEATH

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00000		CERTIFICATE	OI DEATH		
1. PLACE OF DEATH				Where deceosed lived, if instituti	
a. COUNTY MON	t 40mery	MARYLAND	o. STATE mai	ruland b. COUN	Prince Goorges
b. CITY OR TOWN (If outside	le corporote limits,	c. LENGTH OF STAY IN 16		dside corporote limits, write RUR	AL ond give nearest town)
write RURAL and give n	> prins	4 months	Bowi	2	16.2
	NSTITUTION (If not in hospital		d. STREET ADDRESS	2 11 1	e IS RESIDENCE ON A FARM?
Holy Cros	ss Hospite	a/	1250G	Caswell La	he YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Month	
(Type or print)	Alice	m.	RUSHOCK	DEATH 2	19 19 67
			B. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Doys Hours Min.
100. USUAL OCCUPATION (Give k		D DIVORCED KIND OF BUSINESS OR		, A12.	12. CITIZEN OF WHAT
during most of working life, eve	n if retired)	INDUSTRY	Penna.	& State, or foreign country)	COUNTRY? U. S.
13. FATHER'S NAME Peter (Unknown McI	Hale	14. MOTHER'S MAIDEN Agnes 1		
15. WAS DECEASED EVER IN U.S (Yes, no. or unknown) (If yes g	ARMED FORCES? give wor or dotes of service)		bert Rush	and Same	as Item 2.
PART I. DEATH WAS	The rolly one couse of Nine for CAUSED BY: MMEDIATE CAUSE (0) DUE TO	Or (o), (b), ond (c). OSISTENT & NUOIVEMENT YILLARY LU SENTERIE L	hympho.	ma ANULEUK Reperitone Jodes Vodes.	enia onset and death
PART II. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDER OR CONTRIBUTING I CAUS (IF EITHER, NOTIFY MEDICAL Hour o.m.	SE OF DEATH	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 1B.)	
20c. TIME OF INJURY Mo Hour o.m. p.m.	Whi		CE OF INJURY (Home, forn tory, street, office bldg., etc.		(County) (State)
21. I certify tha saw the decease		nded the deceased from	t deoth occurred at	196 - to 19 110. M, from causes of	, 19 <u>67</u> , thot (1) (we) last and on the date stated above.
220. SIGNATURE	2015	M.		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED / 17
22c. PHYSICIAN'S NAME (Type)	LAINE	H. B1G	224 ADDRESS	lemelind &	lelsergung al.
230. BURIAL, CREMATION, BREMOVAL (Specify)	23b. DATE THEREOF 7-22-67	23c. NAME OF CEMETERY OR St. Mary's	Cemetery		
24. FUNERAL DIRECTOR	1 1 -1.	Bethesda,			GISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death TO FUNERAL DIRECTOR: After this certificote hos been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, which 71 hours ofter deal should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, which 71 hours ofter deal Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

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05000	CERTIFICATE	OF DEATH M	ABEL FRANCE	S SAMMANS
1. PLACE OF DEATH o. COUNTY nontagme(4)	, MARYLAND	o. STATE md.	re deceosed lived, if institution: b. COUNTY	Montgomery
b. CITY OR TOWN (If outside corporate limit), write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	5. CITY OR TOWN (If outside	e corporote limits, write RURAL	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in h Washington Danitar	11 11-1	d. STREET ADDRESS 8108 Men	Hampshire	GVE 9. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print)	pel Frances	Sammens 4	OF Month	Doy Year 7 1967
7 1 1.1	NARRIED NEVER MARRIED 1 IDOWED DIVORCED	3. DATE OF BIRTH 6/22/02		FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & ST	N. D. C.	12. CITIZEN OF WHAT COUNTRY?
John T. Hilleary		14. MOTHER'S MAIDEN NAM Florence	m hyles	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of servi	ice)	shington Sai	1. Address	Hossital Records
18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse [ast.] [b] [c] [c]	r line for (o), (b), and (c)) Diffuse Co Carcino ma	of Uter	Cosis	INTERVAL BETWEEN ONSET AND DEATH 2 9 0 V S.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WA				PERFORMED? YES NO
	20b DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	l or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 19	While Not While of work of work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that (I) (this haspital saw the deceased alive and un		M&Y 30, 19 (death occurred at L	7, ta Jaly 2	z, 19 <u>6</u> 7, that (I) (we) last d an the date stated abave
220. SIGNATURE	Lellanus M.	711101	D. STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S LYSSE W.	Illiams		ersity Blud	E Silver Spraig ?
23o. BURIAL, CREMATION, REMOVAL (Specify)	23c. NAME OF CEMETERY OR Dept. Georgetown		23d. LOCATION (City or Town)	(County) (Stote) Research 7/8/0
Removal to Ahatomy, D 24. FUNERAL DIRECTOR	254 CADDRES US		REGISTRAR 19675b. REGIS	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please tentore carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09859

CERTIFICATE OF DEATH

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CENTITIONIE	VI DENIII	
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	e before odmission)
o. COUNTY MODIA MARYLAND	a. STATE 6. COUNTY NO NT	
b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
write, RURAL and give hearest town)	SILVED SPRING	15.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
HOLY CROSS HOSP.	508 Day Ntani Rd	ON A FARM? YES NO NO
3. NAME OF First Middle	Last. 4. DATE Month	Day Year
(Type or print) CAROLINAS XXX	AND ERG DEATH Month	6 1967
	8. DATE OF BIRTH 9. AGE (In years IF UNDER)	YEAR IF UNDER 24 HRS.
F MIDOWED DIVORCED	3/8/80 lost birthday) Manths	Days Haurs Min.
10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fareign country) 12. CITI	IZEN OF WHAT
during mast af working life, even if retired) Nousewife Nousewife	SWEDEN U.S.	JNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Vickston	Unknown	
(V	INFORMANT 508 Poddress 1 to 12	Poad
(Yes, na, ar unknown) (If yes give war or dates of service) 216-46-9266	Victor Sandberg Silver Spring	a Md
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Lobular 1	Pneumonia	ONSET AND DEATH
332X DUE TO		
Canditions, if any, which gave) (b) Cerebral atherosc	lerosis	
rise ta immediate cause (a), stoting the underlying cause DUE TO		
lost. (c) Generalized athere	osclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Right frontal lobe cerebral infarct	tion remote	YES X NO
GR CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Port I or Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Hame, farm, lary, street, office blda, etc.) (Cau	inty) (State)
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased fram	, 1957, to July 6, 192	7, that (I) (we) las
	t death occurred at SEEM, fram Juses and on th	
Raymond Bradshaw MD	ATTENDING MED. STAFF	TE SYGNED
NAME (Type) Programmed	22d. ADDRESS 4 BAIL.	0 1
NAME (1998) Raymond Bradshaw, M.D.	D70 University Who, W. Safe	1 spring, MA
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR (CREMATORY 23d LOCATION (City or Town)	(County) (State)
Burial July 10, 1967 Arlington Na	tional Cemetery Arlinaton 1	irainia
& FUNERAL DIRECTOR Carter Colon Conta 8434 Georgia A	Avenue 25a. REC'D BY REGISTRAR'S SIL	GNATURE
Warner E. Pumphrey Inc. Silver Spring	Md. DATE DE LO IGO	7

and 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled they the tangenold director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayol, and in any event, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-bours after death Page 4 moy be retoined by the hospital or ottending physicion. VR A15 (4) 25M 1/67

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within I haurs after deoth.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

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M	PLACE OF DEATH o. COUNTY Contgomer			MA	RYLAND	2. USUAL RESIDENCE (WHO O. STATE Distri		l lived, if institu b. cou Columb	INTY	ce befare	e admissio	in) /
	b. CITY OR TOWN (I write RURAL and	f autside carparate limit: give nearest tawn)	,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outs	ide corporate	limits, write RU	JRAL and give	neares	tawn)	
B	Bethesda			63 Day	S	Washin	gton			47		
		AL OR INSTITUTION (IF no				d. STREET ADDRESS					DN A FA	JENCE ARM?
		cal Center,			land	1336 Misso				1		N0 ∞
3.	NAME OF DECEASED	Fi		Middle			4. DATE OF	Mor		Day	Yeo	
C	(Type or print)	Ger		Lloyd		Sarchet	DEATH		l E HADED	20		67
	Male	6. CDLOR DR RACE White		NEVER MARRI		B. DATE OF BIRTH		AGE (In years last bjrthdoy)	Months	Days	Hours	Min.
_		(Give kind of wark dane	WIDDWED	DIVDRC ND OF BUSINESS DR	ED 🔲	27 June 1903		64 yrs.	12 (17	IZEN DF	MIDAY	
du F	ring most of working TOJECT Ma	lite, even if retired) anager		DUSTRY		I Owa.	Stare, ar tarei	gn country)	(0)	UNTRY?	WHAT	
13.	. FATHER'S NAME					14. MDTHER'S MAIDEN NA	AME					
	Lloyd He	enry Sarche	t			Jennie Fi	tzsimm	nons				
1S (Y	. WAS DECEASED EVE es, no, ar unknawn) Yes	R IN U.S. ARMED FDRCES? (If yes give war ar dates of 1943—45	16. S f service) 548	3-07-5539		NFDRMANT The Med e Clinical Co				aryl	200 and	14
	PART I. DEAT	ATH (Enter only one cau IH WAS CAUSED 8Y: IMMEDIATE CAUSE DUE	(o) Meta		ligna	nt Melanoma				INTI DN:	RVAL BET SET AND D Yes	EATH
	Canditians, if any, rise to immediat stating the under last.	e cause (a), ((b) TD (c)									
ATION	PART II. DTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING T	D DEATH BUT NOT R	ELATED TD 1	THE TERMINAL DISEASE COND	ITIDN GIVEN	IN PART 1(a)			WAS AUTO PERFORMI S X	PSY ED? ND
L CERTIFICATION	2Do. ACCIDENT WAS DR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	2Db. DE	SCRIBE HOW INJURY	DCCURRED.	(Enter nature af injury in Pa	art I ar Part I	l of item 18.)				
MEDICAL	Haur 'a.n p.n	n. 19	While at wark		fact	CE DF INJURY (Home, farm, ary, street, office bldg., etc.)		(City ar tawn)		unty)		State)
	21. I certif	ty that (x) (this has eceased alive an_	pital) attend 20 July	led the deceased	d fram and that	18 May , 19 death accurred at 1	67, ta 1:30M,	20 July fram causes	and an th	57, the date	stated	ve) las abave
	12	rue U	abre	N	M.D). PHYS. \square D	NED.		July	21	, 196	
	22c. PHYSINAN'S NAME (Type)	Bruce A.	Chabne	r, M. D.		22d. ADDRESS The Institutes						
230	REMOVAL (Specify		REOF 7	23c. NAME DE CEI	METERY DR	retory		ATION (City or To		(County)	(S	tate)
24	FUNERAL DIRECTO	R		ADDRESS		2So. REC'D	8Y REGISTRAL	R 25b. R	EGISTRAR'S SI	GNATUR	E	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and should be filed with the State Dept. af Health prior to burial, cremotian, or removal, and in any event, within Z hours after death VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	Page 4 may be retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral			

00002	CERTIFICATE	OF DEATH	US	500
a. COUNTY	MADWAND	O STATE	eceased lived, if institution: Residen of Columbia	ce befare odmissian):/
Montgomery b. CITY OR TOWN (If outside corporate limits.	MARYLAND c. LENGTH OF STAY IN 16		rparate limits, write RURAL and give	n nearest town)
write RURAL and give negrest town)		· ·		e neorest rown)
Bethesda (rural)	57 days	Washingto	on	47.3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Naval Hospital		2150 Pennsyl	vania Ave., N.W.	YES NO X
3. NAME OF First	Middle	Last 4. DA		Doy Year
DECEASED (Type or print) Mary	Virginia	SCHWARZ OF	ATH July	6 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years IF UNDER	
Female Cauc WIDOWED	DIVORCED	Feb. 29,1884	83 yrs. Months	Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KI	ND OF BUSINESS OR	11. BIRTHPLACE (County & Stote,		TIZEN OF WHAT
during most of working life, even if retired) INI	DUSTRY	Alexandria, V	(0)	UNTRY? USA
Housewife 13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	TTRIUTE	ODA
Thompson Harris	COCIN CECURITY NO. I AT 1	Annie Tatspar	ugs	
(Yes, na, ar unknown) (If yes give war ar dates of service)			W. AddresWashi rris, 2150 Penns	
18. CAUSE OF DEATH (Enter only one couse per line for	(a), (b), ond (c).)			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Carci	inomatosis: pri	imary urinary b	ladder with	ONSET AND DEATH
1810 DUE TO Obst	ruction of ure	ters	11201	
Conditions if any which gave		7 4 6 2 5		
rise ta immediate couse (a), DUE TO				
stating the underlying couse				
	a Destruction and the second	Die Translati Differen Commission		I 10 WAS AUTODSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
5				YES K NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I a	Port II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Yeor 20d. IN	IJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 2	Of. (City or town) (Cas	unty) (Stote)
Hour a.m. While at work		ory, street, office bldg., etc.)		
p.m. 19 at work 21. 1 certify that (1) (this haspital) attend		/ex 11 10 67	to July 6 10/	57 that /2 () land
saw the deceased alive an July 6	19_67, and that	death accurred at 115	M, fram causes and an th	he date stated abave
220. SIGNATURE			AM 22b. D/	ATE SIGNED
Filler Gla	M.1	D. PHYS. DIRECTO	OR PHYS. Ju	Ly 7, 1967
22c. PHYSICIAN'S		22d. ADDRESS	al, Bethesda, Mo	
NAME (Type) F. J. FRENSILLI	, M. D.	Naval Hospit	al, Bethesda, Mo	l.
230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF	23c. NAME OF CEMETERY OR			(Caunty) (State)
Dur rar	Arlington I		Arlington, Va.	
24. FUNERAL DIRECTOR W. W. CHARDER	ADDRESS	2So. REC'D BY RE	1000 1001	
517 11th Street, S. E.,	Washington, D	. C. DAUUL 1	1 1967 Jane	es Judge

VR A15 (4) 25M 1/67

District of Columbia		Nontgonery
nod-arithmi	SWILE .	(Imag) ellerates
Mary Feureylysois Ave., M.R.		Led2gnall_fere"
PO JOHN SHARES	Virginia	YEAX
Feb. 20, 1884 35		Formal a Court
Alexandrie, Virginia 1926		Housewife
Anois Tatepacen Avc., E.W. Vasidorton, D.O		Thompson Reports
Mr. Toorst H. Har in, 2150 Pennsylvania	BUE DE BYE	N. L. S.
	obstantian ca	
May 1.4 FT July 5 FET and	yb. L. dy.	
TORENT WING IN DE NUMBER OF THE PROPERTY OF TH		
Movel Hospital, Bethado, Mi.	EEEL, M. D.	MER .T .T
		10/y 11,

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film #G39

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1. PLACE OF DEA
o. COUNTY
b. CITY OR TO
The RORA
d. NAME OF HO
Wask
3. NAME OF
(Type or print)
S. SEX

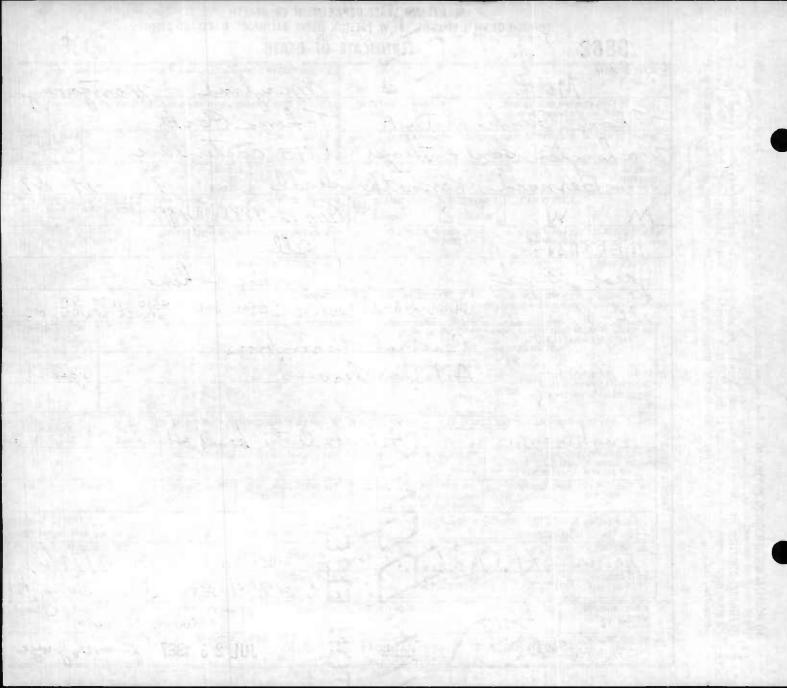
O FUNERAL

deoth certificate

ATTENDING PHYSICIAN:

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) MARYLAND NN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (Moutside corparate limits, write RURAL and give peacest town) and give negrest Town) DISPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARM? YES NO T DEATH IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE 7. MARRIED 7 glast birthday) WIDOWED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. SIRTHPLACE (County & Stote, or foreign country) during most of working life even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED/FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 8510-16TH ST. SILVER SPRINF, (Yes no, or unknown) ((If yes give wor or dotes of service) 341-09-6981-A INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH . IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove Mears rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work , 19____, ta_ 21. I certify that (I) (this haspital) attended the deceased fram . 19____, that (I) (we) last saw the deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR 22d ADDRESS NAME (Type) Norman H. Rubenstein 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 7/21/67 Chicago, Illinois. Stein Hebrew Memoriahrroll 250. REC'D BY REGISTRAR Victories

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTICICATE OF DEATH

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-		0000	U		CERTIF	ICATE	OF DEATH			-	,00	00	
	I. F	LACE OF DEATH . COUNTY MOR	ntgomery		MARY	LAND	2. USUAL RESIDENCE (* o. STATEMaryl:	Where deceo	sed lived, if institu b. COU	VYIA	ntgon		n)
	t		f outside corporate limits give nearest town)	lney	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If or Olney	stside corpor	ate limits, write RU	RAL ond gi	ve neores	t lown)	
0	0	. NAME OF HOSPIT	AL OR INSTITUTION (If no		ive street oddress)		d. STREET ADDRESS					e. IS RESID ON A FA	ENC
07			ry General	Hospita			Box 92						NO
	[IAME OF ECEASED Type or print)	Arnol		Middle Weldon		Selby	4. DATE OF DEATH	July		Doy 9	Yea 196	
	S. S	ale	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		9/17/09		P. AGE (In yeors pst birthdoy) yrs.	Months	Doys	Hours Hours	24 I
			(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County			(OUNTRY?		
3	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	V Cty	Marylar	nd		US	A
			Louis Webst	er			Annie	Bowen					
3	IS. (Yes	WAS DECEASED EVE , no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	of service) 16. S	OCIAL SECURITY NO.		nformant spital ^R eco	rds	Oln∈	ess ey,Md	•		
		592	EATH (Enter only one cou IH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o) Her	00515+0	4	11		Dise		ON	ERVAL BET	
		Conditions, if ony, rise to immediat stating the under last.	e couse (o), ((b) 74 (c) CHE	PERTE	10	e VASE OHERULO A			NSE.	YE	YRS.	
2	CATION	PART OTHER SI		ER.	SIEKLE	CE	HE TERMINAL DISEASE COI	A U	CEMIC 61	BLEE	4	WAS AUTO PERFORME ES	PSY D? NO
	L CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CURRED. (Enter noture of injury in	Port or Po	rt II of item 18.)		/		
	MEDICAL	20c. TIME OF INJU Hour o.r p.r	10	20d. IN While ot work	JURY OCCURRED Not While at work		E OF INJURY (Home, forn ory, street, office bldg., etc.		(City or town)	(0	ounty)	(5	Stot
		saw the de	y that (1) (this has eceased alive an_	pital) attend 7 - 8	ed the deceased	fram and that	death accurred at	3:35a				nat (1) (v e stated	
		220. SIGNATURE	eld f.	Tou	العالم	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	7 -	DATE SIGN	-6	7
1		22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS						
	230.	BURIAL, CREMATIC REMOVAL (Specify BUR IAL	23b. DATE THE		23c. NAME OF CEME				OCATION (City or To		(County)) (SI	ate
	24	JUNERAL DIRECTO		1	ADDRESS			D BY REGIST		EGISTRAR'S	SIGNATIVE	udal	
	1	sher of	Svowa	CU ROC	KVILLE, M	ARYLA	AND DATE U	L 14	1001		1	0	

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T. ZICH, MO TA, NO.	A CONTRACTOR AND THE STATE OF T	2715
1901	CONTROL PROGRAM CONTROL OF	

- VR A15ME (5) 6M 1/66

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INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) (City or town) (County) (Stote) Silver Spring Montg. Md. and in my apinian Undetermined manner 22. DATE SIGNED Health ar i **EXAMINER'S** BURIAL CREMATION 23b. DATE NAME OF CEMETERY (County) 2 Warsan Methodist REGISTRAR'S SIGNATUR Dumphrey Warner

e. IS RESIDENC

IF UNDER I YEAR

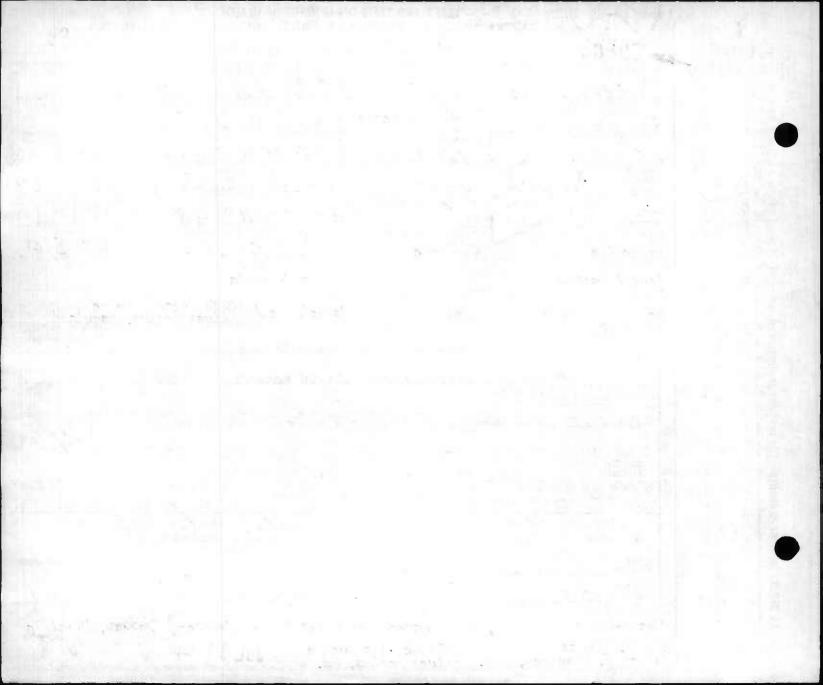
12. CITIZEN OF WHAT

Months

ON A FARM

NO NO

IF LINDER 24 HRS



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	0380	3		CERTII	FICATE	OF DEATH					
1.	o. COUNTY Mon-	gomery		MAR	RYLAND	2. USUAL RESIDENCE (V a. STATE Marylar	Where deceased live	ed, if institut b. COU	ion: Residence NTY Montg	before o	dmission)
	b. CITY OR TOWN write RURAL of	(If outside corporate limits nd give nearest town) 1050a	,	c. LENGTH OF STAY 24 Days	IN 1b	C. CITT OK TOWN (IT OU	tside carparate lim	its, write RU	RAL and give	nearest to	gwn)
		ITAL OR INSTITUTION (If no	t in haspital. c		20017	d. STREET ADDRESS Wh	obr Tug		15	/ e	S RESIDENCE
Th		cal Center,				132 Wx	stance T	errace	3	YES	ON A FARM?
3.	NAME OF DECEASED	Fit		Middle		Last	4. DATE OF	Mon	th	Doy	Year
-	(Type or print)	Ros		Edwin		Shutts	DEATH	Jul	e/	13	19 67
5.	Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIE	- FEE	D. DATE OF BIRTH 19 August 19	lost	(In yeors birthday) 55 yrs.	Manths (UNDER 24 HRS. Hours Min.
10	a. USUAL OCCUPATION	N (Give kind of work done	10b. KI	ND OF BUSINESS OR	*04	11. BIRTHPLACE (County			12. CITIZ	EN OF W	'HAT
dυ	ring mast of warkin Audiol	glife, even if retired)	WPA	DUSTRY	MX	India			COUN	USA	
	B. FATHER'S NAME					14. MOTHER'S MAIDEN N				0.022	
	Cha:	cles E. Shut	ts				na Ross				
1S	. WAS DECEASED E	/ER IN U.S. ARMED FORCES? (If yes give war or dates o	f service) 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT The N	Medical I	Record	The	Clin	ical
L	xxxx yes	1 (44.01 1	3	17-20-6389	9 Cer	nter, Bethes	da, Mar	yland	20014		
	1B. CAUSE OF	DEATH (Enter anly ane cau ATH WAS CAUSED BY:	-			1 1 1 1 1 1 1 1		THE !		INTERV	AL BETWEEN
	203	IMMEDIATE CAUSE	(0)	al Failure	9					2 W	ANDREATH
	Conditions, if or	v which gove)		loidosis	of Kid	inev				-	
	rise ta immedi	ite cause (o), (. /	TOTOODID	71 1710	iicy					
	stoting the unc	erlying couse [tiple Myel	Loma					1=	Years
ATION	PART II. OTHER	SIGNIFICANT CONDITIONS C				HE TERMINAL DISEASE CON	DITION GIVEN IN	PART 1(a)		19. WA	AS AUTOPSY REORMED?
L CERTIFICATION		AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	OCCURRED.	Enter nature af injury in l	Part I or Part II af	item 1B.)			
MEDICAL		o.m. 19	While at wark	at wark	facto	E OF INJURY (Hame, farm ory, street, affice bldg., etc.)		(ar town)	(Caun		(State)
		ify that (*) (this hos deceased alive an	pital) attend July 1	ded the deceased 319_ <u>67,</u>	fram_ and that			n causes			(**) (we) las stoted obove
	22a. SIGNATUR	Neutra	MD		M.D	. PHYS.		STAFF PHYS.		14.	1967
	22c. PHYSICIAN NAME (Typ	•	. DeVi	ta. Jr. 1	M. D.	22d ADDRESSThe					
	BURIAL, CREMAT	ION, 23b. DATE THE	REOF	23c. NAME OF CEN	AETERY OR		23d. LOCATIO		wn) ((ounty) aryl	(Stote)
	a governoire	Prter C. Gle.	Inc.	1434 APPRESS	ia Ai	enue 1111	BY REGISTRAR 19 196		CISTRAR'S SIG	NATURE	ye

Torse bettermines and that there begins with resort union reserve. satistic and part yate or respendent be necessary, then bed C. Stanfarder, July Stanfard, 1877 (1987) (1987) (1987) 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the rune a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbot papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL 09860

	MARYLAND STATE DEP	ARTM	ENT OF F	IEALIH		
L	RESEARCH AND RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, MARYLAND
	CERTIFICATE			13.1		09871
	CERTIFICATE	UF	DEALD			UJGG

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY						
Montgomery MARYLAND	Maryland Prince George						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Wheaton 2 days	Hyattsville						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADORESS e. IS RESIDENCE ON A FARM?						
University Nursing Home	2405 Hannon St. YES NO X						
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer						
(Type or print) Ariel Ellen Simmons	DEATH 7 31 19 67						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Hours Min. Min						
Female White WIDOWED DIVORCED	6/3/1887 80 yrs.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
Govt secretary Government 13. FATHER'S NAME	Brantford, Canada USA 14. MOTHER'S MAIDEN NAME						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
William McCutcheon	unknown						
	INFORMANT 2405 Addres Hannon St.						
(Yes, no, or unkown) (If yes give war or dates of service) 220-44-8510 Mrs	. Lucille Simmons-Hyattsville, Md.						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	O INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY:	u edema 1-2dan						
IMMEDIATE CAUSE (a)	10 710 1-20-1						
DUE TO Congestu	& heart failure						
Conditions, If any, which gave rise to immediate (b)	0 # Rolaton and inca						
cause (a), stating the DUE TO Crercosc	lawle heart caspas glass						
underlying cause last. (c)	OF CONTROL OF SECONDITION GIVEN IN PART 1(e) 119. WAS AUTOPSY						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	PERFORMED?						
15 C. V. H. (Deenl) Crichemy	regia - cyphasia, Cerpagheres NO N						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHBUT NOT RELEASE 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPANTION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED (Enter nature of injury in Part I or Pert II of item 18.)						
	ICE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. While at work to et work to the thing at work to the thing.	ory, street, office bldg., etc.)						
p.m. 19 at work et work							
21. I certify that (I) this hospital) attended the deceased from	Sept 26, 1966, to king 3/, 196/, that (1) (we) last						
saw the deceased alive on July 30 1967, and that	t death occurred at 1.2 M, from the causes and on the date stated above.						
22a. SIGNATURE	22b. DATE SIGNED						
My Dences M.	D. ATTENDING MED. STAFF DIRECTOR PHYS.						
22c/ PRYSTCIAN'S	22d. ADDRESS						
John R. Spencer, M.D.	1544 Columbia Rd., Burtonsville, Md.						
REMOVAL (Specify)	Notional Classific March II						
burial 8/3/67 Arlington	National Cem. I't Myer Va						
24. FUNERAL DIRECTOR H. Hines Compan ADDRESS 2901 14th t. N.W. Washington,	C AIIG 2 1967 (Clianles Judges						
2901 14th T. N.W. Washington,	DATE AUG & IODI						

VR A15 (4) 15M 4-64

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		and the distance of	

OF STATISTICAL RESEARCH

MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND

DATE

USOU CERTIFICATI	E OF DEATH
1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY Mantasmery MARYLAND	a. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give hearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Takoma Park 2 months.	Potomac /5/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Oakhaven Convalescent Home	11021 Brent Road ON A FARM?
3. NAME OF First Middle	Last 1.4. DATE Month Oay Year
(Type or print) Louise B. Skio	DEATH July 25 1967
	8 DATE OF BIRTH 19 AGE (In years FINDER 1 YEAR WEUNOFR 24 HRS
WIOOWEO OLVORGEO	Jast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 1Db. KINO OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INOUSTRY	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
13. FATHER'S HAME	14. MOTHER'S MAIDEN NAME
James Brown	hoursa Matheny
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. (Yes, no, or_unkown) (If yes give war or dates of service)	INFORMANT Address Potamac
No - Kiv	Dorothy Elson 1001 Breat Rd. Md.
18. CAUSE DF OEATH [Enter only one cause per line for (a), (b), and (c).]	O O INTERVAL BETWEEN ONSET AND OEATH
PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Crain Brunchite	. Caches docateres man ition 2 days
153.8 DUE TO 9520 Dates Porce	
Conditions if any which	- Hotal due in recurrent (a. 23 g)
gave rise to immediate OUE TO	
cause (a), stating the underlying cause last.	relieve Circled gris
2	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
2Da. ACCIOENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMEO? YES NO VI
2Da. ACCIOENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury le Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While m	ry, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	6/15/, 1967, to 7/23, 1967, that (I) (we) last
	t death occurred at 135 M, from the causes and on the date stated above.
22a. SIGNATURE A. Hold In A	ATTENDING MEO. STAFF 7-26-67
22c. PHYSICIAN'S	DI 22d. ADDRESS 831 University Blvd. E.
NAME (Type) Chas H. WoLOHON M	Silver Spring, Md.
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL (Specify)	emetery Rockville, Maryland
24. FUNERAL DIRECTOR ADDRESS	25a. REG'D BY REGISTRARY 25b. REGISTRAR'S SIGNATURE
ROBERT A. PUMPHREY, Bethesda, Mary	

death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

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	tagra e luc	in lys	Selbonda,	A. WENNER,	

Division of

MAR	YLAND STATE	DEPAK	IMENI OF HEAD	LIH		
STATISTICAL RESEARCH	AND RECORDS,	301 W.	PRESTON STREET,	BALTIMORE,	MARYLAND	2120

098	68	CERTIFICATE	OF DEATH		09	873
PLACE OF DEATH o. COUNTY	Montgomery	MARYLAND	69.175	ere deceosed lived, if institution b. COUN		re odmission)
b. CITY OR TOWN	(If outside corporate limits,	c. LENGTH OF STAY IN 16 34 days	c. CITY OR TOWN (If outsice Chevy Ch	de corporate limits, write RUR 1856	(AL and give neare	est town)
	TAL OR INSTITUTION (If not in a large of the	n hospitol, give street oddress)	d. STREET ADDRESS 124 Grafto	n Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Catharine	Middle Hopkins	SLACK	4. DATE Month OF July		Y Year 31 19 67
Female	6. COLOR OR RACE Cauc		8. DATE OF BIRTH Feb. 13. 1913	9. AGE (In years lost birthdoy) 54 yrs.	Months Doys	Hours Min.
0o. USUAL OCCUPATIOn or using most of working Housew		10b. KIND OF BUSINESS OR INDUSTRY N/A	11. BIRTHPLACE (County & S		12. CITIZEN O COUNTRY	
3. FATHER'S NAME Walton	H. Hopkins		14. MOTHER'S MAIDEN NAM Lila H. Tr	ME		
IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give you or dotes of s			ystal PkwyAddre		ia Beach / Va.
Conditions, if on rise to immedia stoting the und last.	Y, which gove the couse (o), erlying couse (column couse) CE (column couse)))				NSET AND DEATH
Z	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED.				PERFORMED? YES NO
(IF LITTLE, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
21. I cert saw the c	ify that (*) (this haspideceased alive an J	tal) attended the deceased fram	June 27 , 19 t death accurred at 5	67, to July 3: 10A M, from causes of the course of the cou	and an the da	ite stated abov
22c. PHYSICIAN NAME (Typ	e) Francis D.	Keenan, Jr.	22d. ADDRESS Naval Hos	pital, Bether	sda, Md.	
23o. BURIAL, CREMAT REMOVAL (Special BULT LA	4 8-2-	67 Christ Churc	ch Cemetery		Marylan	đ
		yior Funer His Home t., Annapolis, Md.	DATE AU		GISTRAR'S SIGNATU	Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician. com letely filled in by the funeral over arban papers. Pages ond y eyent, within 72 hours after deal TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician/and director, page 3 should be detached far use as the burial-transit permit. Then please remanded be filed with the State Dept. of Health prior ta burial, crematian, or remaval, and a an

VR A15 (4) 20 M 1/66

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Medin 12 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and complet director, page 3 shauld be detached far use as the burial-transit permit. Then please remove cay shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any event

Page 4 may be retained by the haspital or attending physician.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67

	0986				CERTIFICA	ATE	OF DEATH			05	87	4	
	PLACE OF DEATH o. COUNTY Mont	tgomery			MARYLAN	D	2. USUAL RESIDENCE (W o. STATE Virginia		sed lived, if institut b. COUN			odmissio	on)
	b. CITY OR TOWN (f outside corporate limit give nearest town)	ts,	c. LENGT	H OF STAY IN 16		c. CITY OR TOWN (If aut	side carpora	ote limits, write RUF			town)	
	Bethe	sda al or institution (if i	at in bassita	$12\frac{1}{2}$		7/	Dunganno	n		83		IS RESID	DENCE
		al Center,					Box 365					ON A FA	ARM?
3.	NAME OF DECEASED	I	irst		Middle		Last	4. DATE OF	Mant		Day	Yeo	ar
_	(Type or print)	6. COLOR OR RACE	orge 7. MARRIE		orris ER MARRIED 5	<u> </u>	Sluss	DEATH	Ju P. AGE (In years	Ly IFUNDER 1	12 YEAR I	19 IF UNDER	67 24 HDS
	Male	White	WIDOWE		ER MARRIED DIVORCED	7	4 October 1		lost birthdoy)	Months	Days	Hours	Min.
10o duri	. USUAL OCCUPATION ing most of working Farmer	(Give kind of work done	10b.	KIND OF BUS INDUSTRY Agricu	INESS OR	7 ^	Virginia	State, ar fai			ZEN OF INTRY?	WHAT	
13.	FATHER'S NAME	BAR IN					14. MOTHER'S MAIDEN N						
IS. (Ye	WAS DECEASED EVE	iam M. Slu; R IN U.S. ARMED FORCES' (If yes give war ar dates	af service)	6. SOCIAL SEC 230-18		17. III	Mary Lo WFORMANT The Me enter, Bethe	dical	Recorder Maryland	"The C	lin:	ical	
		ATH (Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSI DU	1/5		al infa	rct	ion		a	rtery		RVAL BET ET AND D WEEK	
	rise to immediat	(b) Occlusion left anterior descending coronary Occlusion left anterior descending coronary								ry		week know	
Z	PART II. OTHER SI	GNIFICANT CONDITIONS					HE TERMINAL DISEASE CON	DITION GIVE	N IN PART 1(a)		19. V	WAS AUTO	YSYC
CATIO	Rheumat	ic heart di											NO [
L CERTIF!	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)		20b.	DESCRIBE HOV	V INJURY OCCUR	RED. (Enter nature af injury in P	art I ar Par	t II af item 18.)				
MEDICA	Haur 'a.n p.n	n. 19	Wh at w	ork LJ of v	While vork	focta	E OF INJURY (Hame, farm, ry, street, office bldg., etc.)		(City ar tawn)	(Caul			State)
	saw the de	y that (t) (this ha	spital) atte July	nded the d	leceased fram 967 and	n_J that	death accurred at_	77/1/1		and an th	e date	stated	we) last l abave.
	22a. SIGNATURE	Lawre	me x	oul	Colu	7 .D.	PHYS.	MED. DIRECTOR	STAFF PHYS.		uly	196	7
	22c. PHYSICIAN'S NAME (Type)	Lawrence	Saul (ohen,	M.D.		22d. ADDRESS Th Institute	e Cli	nical Ce Health. 1	nter, Bethes	Nat:	Md.	1
23 a	BURIAL CREMATIC		IEREOF	23c. NA	ME OF CEMETERS	OR C			CATION (City or Tox	vn) ((County)		tate)

2Sa. REC'D BY REGISTRAR **ADDRESS**

Ocharles

25b. REGISTRAR'S SIGNATURE

(The last of the 0 11 and the same of th

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09875

09870

CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where de		esidence before admissian)
a. COUNTY	an am	MADVIANO	o. STATE	b. COUNTY	11.00
11109790		MARYLAND	Wiev.	VILOV	-gi meny
b. CITY OR TOWN of auts write, RURAL and give	neorest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside ca		d give neorest towny
uneator		3-months	ROCK VI	12	151
d. NAME OF HOSPITAL OR	INSTITUTION (If nat in haspite	al, give street address)	d. STREET ADDRESS	1	e. IS RESIDENCE
Randolp	h 14:119,	Nursing Hon	134231	arkland Da	2 ON A FARM? YES NO NO
NAME OF	First	Middle	Last 4. DA		Oay Year
(Type or print)	liz abet	4-WA'D LE-5>	n: The DE	ATH 7-	19 1967
	OLOR OR RACE 7. MARRIE	ED T MEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF U	NDER 1 YEAR IF UNDER 24 HRS.
C	L'1- WIOOWI		4-9 1081	last birthdoy) Mar	iths Days Haurs Min.
W. I. L. W. L. W.	nite		1-1801	2 6 Yrs.	
 uSUAL OCCUPATION (Give ring mast of warking life, ex 		. KINO OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County & State,	ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
	lkele de	meshic	Vi paini	d	COOKINT :
. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		0.4
Dania	STOOLY	0_		244-01	unall.
WAS DECEASED EVED IN II	C ADMED CÓDICECO	14 COCIAL CECURITY NO. 1 12 1	NFORMANT	orace.	when
S. WAS DECEASED EVER IN U Yes, na prunknawn) ((If ye:	s give war or dates af service)	16. SOCIAL SECURITY NO. 17. I	O D D	Address	
no		m	is Seema do	with so	me as # 2
18. CAUSE OF DEATH	(Enter only one couse per line	for (a), (b), ond (c).)			INTERVAL BETWEEN
PART I. DEATH WA	AS CAUSED BY:	ento m	1-0-1	1	ONSET AND DEATH
4201	IMMEDIATE CAUSE (a)	we mys	cardia T	yarcico	1 days
7201	DUE TO		4. 11	1 10	
Conditions, if any, whice rise to immediate cau		rderesseler	Me Hears	Nisease	· YKS.
stoting the underlying					1
last.	(c)				
DADT II OTHER CICAREN		IG TO OEATH BUT NOT RELATED TO	THE TERMINAL DISTAGE CONDITION	CIVEN IN DART 1/-1	19. WAS AUTOPSY
PAKI II. UINEK SIGNIFIC	ANT CONDITIONS CONTRIBUTION	IG TO OLATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART I(d)	PERFORMED?
20g. ACCIDENT WAS UNOO OR CONTRIBUTING CA					YES NO NO
20a. ACCIDENT WAS UNO		DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I a	Part II of item 18.)	
OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDIC					
		I. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm, 2	Of. (City or town)	(County) (Ct-t-)
20c. TIME OF INJURY N			ary, street, affice bldg., etc.)	oi. (city di Tawn)	(Caunty) (State)
Hour o.m.		IIIC I IIIIC I IOCI			
Hour o.m. p.m.	19 at v	vork 🗀 at wark 🗀	,		
p.m.	div			2 to 7/19	19 67 that (1) (we) last
21. I certify th	at (1) (this hospital) att	ended the deceased fram	6/1 1966	7/19 M from rouses and	19 (I) (we) last
21. I certify the	at (1) (this hospital) att	ended the deceased fram		M, from couses and	an the date stoted obove.
21. I certify th	at (1) (this hospital) att	ended the deceased fram_ 919 6 7, and that R	t death accurred of 4'C	M, from couses and	
21. I certify th sow the deceos 220. SIGNATURE	at (1) (this hospital) att	ended the deceased fram	t death accurred of 4'C ATTENDING MED. DIRECTO	M, from couses and	an the date stoted obove.
21. I certify the sow the deceose 22a. SIGNATURE	at (1) (this hospital) att	ended the deceased fram_ 919 6 7, and that R	death accurred of 4'C ATTENDING MED. PHYS. 22d. ADDRESS	M, from couses and	an the date stoted obove.
21. I certify the sow the deceose 22a. SHANNIURE	at (I) (this hospital) att.	ended the deceased fram_ 919 6 7, and that R	death accurred of 4'C ATTENDING MED. PHYS. 22d. ADDRESS	M, from couses and	an the date stoted obove.
21. I certify the sow the deceose 22a. SHANATURE 22c. PRYSICIAN NAME (Type)	at (1) (this hospital) att. sed olive on 7/10 Aymond 7.	ended the deceased fram_9 1967, and that Benack M. BENACK MO	death accurred of 4'C ATTENDING MED. PHYS. 22d. ADDRESS 4115 Colice	M, from couses and STAFF PHYS. DR. Whe	an the date stoted obove. The DATE SIGNED TO MD
21. I certify the sow the deceose 22a. SHINDTURE 22c. PHYSICIAN NAME (Type)	at (1) (this hospital) att. sed olive on The Caymon of Taymon of T	BENACK MC 23c. NAME OF CEMETERY OR	death accurred of 4'Co. ATTENDING MED. PHYS. 22d. ADDRESS 4115 Colice CREMATORY 230	M, from couses and STAFF PHYS. DR. Whe. LOCATION (City or Town)	an the date stoted obove. 2b. DATE SIGNED 7/19/67 (Caunty) (State)
21. I certify the sow the deceose 22a. SHANATURE 22c. PRYSICIAN NAME (Type) 30. BURIAL, CREMATION, REMOVAL (Specify) Burial	at (1) (this hospital) att. sed olive on 7/10 Aymond 7.	BENACK MC 23c. NAME OF CEMETERY OR Oedar Hill Co	t death accurred of 4'C ATTENDING MED. DIRECTO 22d. ADDRESS 4/15 Colice CREMATORY 23c	M, from couses and STAFF PHYS. COATION (City or Town)	an the date stated obove. The DATE SIGNED TO MO (Caunty) (State)
21. I certify the sow the deceosed 22a. SHANATURE 22c. PHYSICIAN NAME (Type) 23o. BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNKAL DIRECTOR	at (1) (this hospital) att. sed olive on The Caymon of Taymon of T	BENACK MC 23c. NAME OF CEMETERY OR	ATTENDING MED. D. PHYS. 22d. ADDRESS 22d. ADDRESS 23d. ADDRESS CREMATORY 23d. REC'D BY	M, from couses and STAFF PHYS. COATION (City or Town)	an the date stated above. 2b. DATE SIGNED 7/19/67 (Caunty) (State)
21. I certify the sow the deceose 22a. SHANATURE 22c. PHYSICIAN NAME (Type) 230. BURIAL, (REMATION, REMOVAL (Specify)	at (I) (this hospital) attributed olive on The Charles on The Char	BENACK MC 23c. NAME OF CEMETERY OR Oedar Hill Co	t death accurred of 4'C ATTENDING MED. PHYS. DIRECTO 22d. ADDRESS 4/1/5 Co//C CREMATORY 23c CREMATORY 23c PHYS. 23c CREMATORY 23c 25d. REC'D BY REC'D.	M, from couses and STAFF PHYS. COATION (City or Town)	an the date stoted obove. The DATE SIGNED TO MO (Caunty) (State)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye arban papers. Pages I amband be filed with the State Dept. of Health priar to burial, crematian, or remayal, and in any Every, within 72 haurs after death. VR A15 (4)(25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09871

CERTIFICATE OF DEATH

09876

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any five the within 72 hours after deed.

IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 moy be retained by the hospital or attending physicion. VR A15 (4) 25M 1/67

Rockville, Md.

DATE

PLACE OF D COUNTY	EATH				2. USUAL RESIDENCE (1 a, STATE	Where deceased	d lived, if institut b. COU		e before o	odmission)
	Montgomery		MARY		Penns	sylvani	.a.		3118	
b. CITY OR T	OWN (If autside carparate limits, RAL and give nearest tawn)		c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If ou	itside carporate	limits, write RUI	RAL ond give	nearest to	own)
Bet	thesda		71 days		Lewistown			7	5.3	
d. NAME OF	HOSPITAL OR INSTITUTION (If no	t in haspital, g	give street address)		d. STREET ADDRESS			tended	e.	IS RESIDENCE ON A FARM?
The Cl:	inical Center,	Bethe	sda, Md. 20	0014	33 East Ch	nestnut	Street	2/		S NO X
3. NAME OF	Fire		Middle		Last	4. DATE	Mant	th	Day	Year
Type or prin	Ethe	el	Joanna		Smith	OF DEATH	Jul	У	4	19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	XX	B. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1		FUNDER 24 HRS
Female	e White	WIDOWED	DIVORCED		August 24,	1903	last birthday) 63 yrs.	Months	Days	Haurs Min.
10a. USUAL OCCL	IPATION (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County		ign cauntry)		IZEN OF W	√HAT TAH√
during mast at w	vorking life, even if retired) Worker	IN	DUSRetired		Pennsylva	ania		COL	JNTRY?	USA
13. FATHER'S N					14. MOTHER'S MAIDEN					0.011
Char	rles Smith				Carie Mc	lirk				
IS. WAS DECEA	SED EVER IN U.S. ARMED FORCES?	16. 1	SOCIAL SECURITY NO.	17. 1	NFORMANT The Me		Recorded	ess	- Carr	
(Yes, no, or unk	nawn) (If yes give war or dates at	service) 18	38-07-2327		e Clinical (9 2	20014
	OF DEATH (Enter only one caus			1 1 110	orringar (emer •	Deones	aa Pi	INTER	VAL BETWEEN
PART	I. DEATH WAS CAUSED BY:	Urm	otension a	nd sh	nock				PINSET	AND DEATH
. 2	IMMEDIATE CAUSE (0/		2200 01	10 011				4~	HOULD
Conditions	if any which agus >		ticemia Socmia and	d pne	eumonia.				21.	hours
rise ta imr	mediate cause (a), (-		Frank					1000	1100020
stating the	underlying cause	-	te myelocy	tic T	leukemia				3	vears
	THER SIGNIFICANT CONDITIONS CO			**		NDITION GIVEN	IN PART 1(a)			AS AUTOPSY
NO.	THE SIGNIFICANT CONDITIONS CO	MIKIBUTING I	O DEATH DOT NOT KEE	AILD IO I	THE PERIMINAL DISEASE CO	ADITION GIVEN	III TAKT I(U)		YES	ERFORMED?
OR CONTRIE	ENT WAS UNDERLYING	201- 05	CCDIDE HOW INHIDE OF	CHIPPED	Enter nature of injury in	Part Lar Part	II of item ID \		1 763	NO X
OR CONTRI	BUTING CAUSE OF DEATH	200. DE	SCKIBE HOW INJUKT OF	LCURKED.	Certai trainia at milata ur	ran i ai ran	II OI Herri ID.)			
	NOTIFY MEDICAL EXAMINER)	204 11	JURY OCCURRED	20° DI 40	E OF INJURY (Hame, farn	n. 20f.	(City ar tawn)	(Cau	ntu)	(State)
20c. TIME	OF INJURY Manth, Day, Year our a.m.	While	Not While		ary, street, office bldg., etc.		(city di tawis)	(000	11141	(2)(016)
	p.m. 19	at wark		r A~	7 2/	0 607	Tan 7 /	10 6	77 .1 .	. AM / \ \ 1
21. 1	certify that (X) (this hasp	oital) attend	ded the deceased	tram AI	death accurred at		July 4			
22o. SIGN	the deceased alive an J	ULY 4	19_07,0	ina mai	dealli accorred ar	AM,	Halli canses		TE SIGNED	
220. SIGN	ATORE &	1/ 0	TR 1 -	AA P	ATTENDING	MED. DIRECTOR	STAFF PHYS.		aly 1	
22c. PHYS	ICIAN'S	yo aux	som?	M.D	T					
	E(Type) Edgar	J. H	Hocutt, MD		Institute	e Clin	ical Cer	nter,	Natio	onal
23a. BURIAL, CR			23c. NAME OF CEME	TEDY OD			ATION (City or To		(County)	(Stote)
REMOYAL		NEO!	Luthern	LILKI UK	ENERGATOR		own, Mif			
			223qndA		250 PEC	D BY REGISTRA	-	GISTRAR'S SI		
Tyson	RECTOR Funeral	Home-	1331 Rocky	ille	Pike J	7	1967	Villa		leader

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09877 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is	tem	Office		puo	r den
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	3001A	tems 18 & 21 Fil	m G 397 8/18/	67 cac	
	PLACE OF DEATH		2. USUAL RESIDENCE (V	Where deceased lived, if institution	
,	Monegome	MARYLAND	Kest	rest of (elumbre
1	b. CITY OR TOWN (If outside corporate limits, write RUBAL and give peares) town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside corporate limits, write RURAL	L ond give neorest town)
- 6	Lakoma Kark		Mas	2 Kingten	473
_	d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	1/2. RI 5	e. IS RESIDENC
	Wash, Dan.	& Hospila	(42/3	VAN IVESS S	1. N. WES NO
- 1	NAME OF PIRST PROCESSED (Type or print) HAROLD	CLINTON	SMITH	4. DATE OF DEATH JULY	26 196°
1	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 Months Doys Hours A
4	/ Coac	VIDOWED DIVORCED	3-19-8	2 85 yrs.	
	. USUAL OCCUPATION (Give kind of work done ing most of working life, eyen if retired)	10b. KIND OF BUSINESS OR INDUSTRY Engineer.	11. BIRTHPLACE (State	or fareign country)	12 CITIZEN OF WHAT
3.	FATHER'S NAME	1 NO	14. MOTHER'S MAIDEN I	NAME TO S	1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1
	Clinton x	Imith	alice	e While	2
IS.	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, or unknown) (If yes give wor or dotes af sen		7. INFORMANT	Address	
(16	(If yes give wor of dores of ser	577-40-73201	405P. RE	CORDS	
	18. CAUSE OF DEATH (Enter only one couse pe				INTERVAL BETWE
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Metastatic Aden	ocarcinoma of	colon colon	ONSET AND DEAT
	150,8 DUE TO				
	(b) conditions, if ony, which gave to immediate cause (a),				
	stoting the underlying couse DUE TO				
	lost. (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED T	TO THE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPS) RERFORMED? YES NO
CENTITION	200. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I or Port II of item 18.)	7
MEDICAL	20c. TIME OF INJURY Manth, Doy, Yeor Hour o.m. p.m. 19		PLACE OF INJURY (Home, form foctory, street, affice bldg., etc.)		(County) (Stot
	21. I certify that I taak charge of	the remoins described obove,	held an Autopsy	Inspection . Inquir	y XI, ond in my api
	death resulted from: Natural co	ouses X, Accident 7, S	uicide . Homicide	Undetermined mon	nner
	1/1/11	-/)/7	CHIEF MEDICAL	EXAMINER	
	ACTUAL SIGNATURE	10/000	M.D. ASSISTANT MED	DICAL EXAMINER .	22. DATE SIG
	EXAMINER'S BELOEN	R. KEAD	M. D. Address Billed	AL EXAMINER COUNTY)	26/1967
230	BURIAL, CREMATION, PEMOVAL (Specify) Burial 7-29-10			Washington	, , , , , , , , , , , , , , , , , , , ,
24.	FUNERAL DIRECTOR Joseph Gar	wler's SDDRESS	1 250, RECT	PIBY REGISTRAR 10 27. REGIS	SURIA'S SIGNATURE
	5130 Wige. Ave N.	wler's Sons, In	nc.	OF 9 T 1901	Lank Son

VR A15ME 6M 1/67

Period Wise er Hook Under Constant Washington, D.v.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09878 CERTIFICATE OF DEATH

1 6	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence	e before admission)
0	a. COUNTY	d. STATE b. COUNTY Virginia	V
E	Montgomery MARYLAND D. CITY OR TOWN (If autside carparate limits, write RURAL and give necrest town) MARYLAND C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	neorest town)
-	Bethesda 3 Days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	Alexandria	e. IS RESIDENCE
	Naval Hospital	3342 Lockheed Blvd.	ON A FARM? YES NO
	NAME OF First Middle	Last 4. DATE Manth	Day Year
(DECEASED Type or print) Sean Derek	Smith OF DEATH July	29 19 67
S. S		8. DATE OF BIRTH 9. AGE (In years last birthday) 21 July 1967 9. AGE (In years last birthday) 775.	YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. duri	. USUAL OCCUPATION (Give kind of work dane ng mast af warking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Caunty & State, ar fareign country) 12. CITI	ZEN OF WHAT INTRY?
13.	FATHER'S NAME	Fort Belvoir, Virginia U. 14. MOTHER'S MAIDEN NAME	S.
n	Howard A. Smith	Ona Jean Moore	
1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknawn) ((If yes give war ar dates of service)	oward A. Smith Alexandria, Virgi	
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost. Canditians, if any, which gave (b) DUE TO (c)		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in Part I ar Part II af item 18.)	
MEDICAL		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	
	21. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on 29 July 19.67, and the	27 July , 1967, to 29 July , 196 ot death occurred of: OOP M, from couses and on the	27, that (X) (we) lossed above
	220. SIGNATURE TEKULY	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 30 J	TE SIGNED
	22c. PHYSICIAN'S NAME (Type) T. E. KELLY, LT MC USN	22d. ADDRESS Naval Hospital, Bethesda, 1	id.
23a	BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CENETERY DI Midwest Garde emoval Cult 30 July 1967 Cemetery	R CREMATORY Memories 23d. LOCATION (City or Town)	(Caunty) (State)

25b. REGISTRAR'S SIGNATURE Rinaldi Funeral Home, 7400 Georgia Ave., N.W. Washington, D.C.

VR A15 (4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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	oltablementa		e -		echnis I	
AVEN AVEN	road town GIVE			fed to	ros fevas	
TO SERVED	ov te		(pred	mag1		
	Daty 1967				ottet)-	36.3
tile. U. S. Ling	ort delicits, War					
SNE stat (and See See	i vienos de la composição				1.4.	rgu, I.
	Specie (A. nuzink . A.)	Hannard	ado			200
	\$1052 C	d James H.	La zala uno			
					175.75	
		A TOTAL	To get and	, io	Company of	
miner yrug or						
Passett, M	er er en landere		Mar 1 (00)	The CYMPE		
100 mm 100 l	iet oret s			raçı şını	.)	Lavor SR
	S. L. GLA MILT.	a ,.5va	algrood a	47,500		Viet S

- . FOR STATE REPT HEALTH

TO DEPUTY MEY EXAMINER: This certificate should be executed within 24 hours after death. If any delay peessary, please execut. A should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 71 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY	esidence before admission)
b. CITY OR TOWN (If outside corporate limits, c, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL	and give nearest town)
write RURAL end give nearest town)	·	and give nearest termy
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORESS	e. IS RESIDENCE
Randolph Hills hursin It sm	mount place 2 notes	ON A FARM?
3. NAME OF DECEASED (Type or print) Estelle E. Middle	Steelison 4. DATE OF Month	Day Year 1967
1- C THE MARKED		Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. Kino of Business or	11. BIRTHPLACE (State or foreign country) 12. CIT	TIZEN OF WHAT
during most of working life, even if retired) INDUSTRY Housewife		UNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME	0 41
Gustave Holmberg	Amanda Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT 12103Address A	tro
(Yes, no, or unkown) (If yes give war or dates of service) No 093-24-1761-A Be	eatrice B. Harbin- Wheaton, Md.	ve.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (e) DUE TO Conditions, If any, which gave rise to immediate cause (e), stating the underlying cause last. (c)	ti Breeze	INTERVAL BETWEEN ONSET AND DEATH
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES ND
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COUNTRIBUTING CAUSE OF DEATH.	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bidg., etc.)	nty) (State)
21. I certify that I took charge of the remains described above, hel	ld an Autopsy, Inspection Z, Inquiry,	and In my opinion
death resulted from: Natural causes Accident , Sui	icide, Homicide, Undetermined manner	
ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
STGNATURE TO A CONTRACT TO THE STGNATURE	M.O. ASSISTANT MEDICAL EXAMINER OEPUTY MEDICAL EXAMINER	1 - 10.11
EXAMINER'S 2000 in engles Sil. Jy	Address (Street, city, town, or county)	172/178/
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
BurTransit //5/6/ Ferncliff	Dobbs Ferry New	York S SIGNATURE
24. FUNERAL DIRECTOR Tyson Wheeler Funeral Home-1331 Rockville Rockville, Md.		as Judge

VR AISME (5) 5M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00001

09875 CERTIFICATE	OF DEATH	02001
1. PLACE OF DEATH o. COUNTY Maryland Maryland	2. USUAL RESIDENCE (Where deceosed lived, if institution: Resident o. STATE wash b. C. b. COUNTY	ce before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv	e nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Rendalph Hills Nursing Hame	d. STREET ADDRESS 4-129 Harrison St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) George Evere		Doy Year 7 19 6 7
MALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 3 19-1897 9. AGE (In yeors lost birthdoy) 7. O yrs. IF UNDER Months	Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR PINDUSTRY Private Ondustry 13. FATHER'S NAME	(0	TIZEN OF WHAT UNTRY?
George Tistevens	Emma Harrison INFORMANT Address	
(Yes, no, ocunknown) (If yes give wor or dates of service)	3 43-A) John W. Stevens (sam	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. (c)	or, left temporal labo	ONSET AND DEATH
OR CONTRIBUTING CAUSE OF DEATH	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) (Enter noture of injury in Port I or Port II of item 1B.)	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. P.m. 19 Ot work of work	tory, street, office bldg, etc.)	unty) (Stote)
21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 1967, and that 220. SIGNATURE ALLO DALL PLYSICIAN'S NAME (Type) Elaine W. Murchy,	at death occurred at GPPM fram couses and on the	the date stated obove. ATE SIGNED ALLY 29,197
230. BURIAL (REMATION, BREMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR ARLINGTON	NATL. CEM ARLINGTON, U	(County) (Stote)
24. FUNERAL DIRECTOR \$222 ADDRESS	D-C 250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE

D.C

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

completely filled in by the funeral over carbon papers. Pages 1 and y evem, within 72 hours offer dear

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and director, page 3 should be detached for use as the burial-transit permit. Then please rent should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in all VR A15 (4) 25M 1/67

PACKET TO THE PACKET OF THE PA W neetson w Kandolph Hills Priving June : HEL2 Hayman alt. George Everett Stevens 7-29 01. 1181-11 - 6 - 1 - 11 - 12 - 14 - 15 M Salesment Transfer to West D.C. Warmey merte E (57707-5342A) Andrew Child Rocker of Devot the waterward with the **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

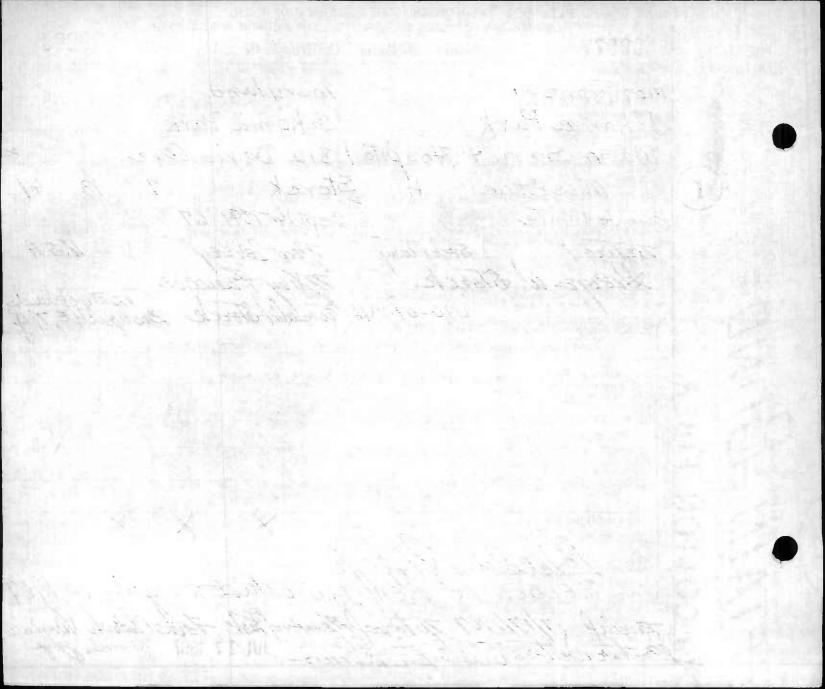
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09889

H	036	340	CERTIFICA	TE OF DEATH		00000
7	o. COUNTY	Montgome	RY MARYLAND	2. USUAL RESIDENCE (V	Where deceosed lived, if institute b. COL	ution: Residence before admission) UNITY Most + general
1	b. CITY OR T write RUF	OWN (If outside corporate limits, AL and give nearest town)	c. LENGTH OF STAY IN 16		Toda corporate limits, write RI	URAL ond give neorest town)
	d. NAME OF	HOSPITAL OR INSTITUTION (If not in	hospital, give street oddress)	d. STREET ADDRESS	ound hill K	e IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or prin	First	Middle	Stewart	4. DATE MOI OF JEATH	
S.	SEX Fema	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH SEPT 6-19	9. AGE (In years last birthday) yrs.	Months Doys Hours Min.
du	ring most of w	PATION (Give kind of work done orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	Rather's N	11 2 1		Mary h	111 -0	rman
15. (Ye		SED EVER IN U.S. ARMED FORCES? lown) (If yes give wor or dotes of ser	vice) 16. SOCIAL SECURITY NO. 1	7. INFORMANT	Stream H	usbull
	18. CAUSE PART	OF DEATH (Enter only one couse p 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	0 1 61 1	on ARY Ed	ema	INTERVAL BETWEEN ONSET AND DEATH
	rise to im n	if ony, which gove hediote couse (o), DUE TO	ARFERIOSCLERE	stid av.	Distant	YLARS
	last.	Underlying couse (c)				A DAMAS AUTODOV
CERTIFICATION	PAKI II. UI		RIBUTING TO DEATH BUT NOT RELATED T			19. WAS AUTOPSY PERFORMED? YES NO
IL CERTIFI	20o. ACCIDE OR CONTRIB (IF EITHER, N	NT WAS UNDERLYING UTING CAUSE OF DEATH IOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in I	Port I or Port II of item 18.)	
MEDICAL		DF INJURY Month, Doy, Year our o.m. p.m. 19		PLACE OF INJURY (Home, form foctory, street, office bldg., etc.)		(Counly) (Stote)
	saw t	he deceased alive an 25	l) attended the deceased from 1967, and t	, 1 hat death accurred at	962, to 28/ul 1253 M, fram couses	and on the date stoted above.
230	220. SIGN	Mutt & Di	faiter	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED July 25, 1967
/_	<u> </u>	(Type) Dewitt E. J	relawter MD.	100	BERDEENRL	Bethesda md
L	o. BURIAL ER PRIMOVAL	pecify July 28	1967 Cedar Hi	11 Cemetery		Maryland
24	4. FUNERAL D	W. CHAMBERS C	O. Silver Spri	ng, Md. DATE JU	- 0 1000	ACCIONES JULGES

L'alle withought of all Charles H Britain I Berline Berline The The Street House all John Street Green THE TELESTICAL TO SEE THE SECOND SECO Borning and the contract will compare the bound of the contract of the contrac THE REPORT OF THE PARTY OF THE

Items 18&21 Film 391 8-3-MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09883 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY D MARYLAND CITY OR TOWN (If outside corporate mits, write RURAL and give nearest than LENGTH OF STAY IN 1b TOWN (If outside corporate limits, write RURAL and give nearest town) P.M.3. OR INSTITUTION (If not in hospital, give street address), e IS RESIDENCE ON A FARM? shauld be farwarded to the Chief Medical Examiner's Office along with farm NO A in Item 18. Give Pages This certificate shauld be executed within 24 haurs after death. NAME OF 4. DATE Year DECEASED OF DEATH IF LINDER 24 HRS AGE (In years 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours death WIDOWED DIVORCED permit. File pages 1 and 2 KIND OF BUSINESS OR 12. CITIZEN OF WHAT event within 72 hours after 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) = 17. INFORMANT Address 12 Bo 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEC Acute congestive heart failure due to IMMEDIATE CAUSE (o) any Conditions, if ony, which gove Arteriosclerotic heart disease rise to immediate couse (a). = DUE TO 0 stoting the underlying couse pup 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) remayal, Fatty liver 200 EXTERNAL CALISE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld ы PRIMARY CONTRIBUTING CONTRIBUTI CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) DIRECTOR: Page far 21. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinian funeral directar. death resulted from: Notural causes X Accident Suicide Underermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE prior FUNERAL Health g may NAME (Type) 23c. NAME OF. 0 VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission) e. COUNTY b. CQUNTY the d Stephenson MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give recersitions) and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) þ months 72 hours after teenoti d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO completely papers. NAME OF Middle 4. DATE Month Day Year DECEASED OF (Type or print) DEATH 1967 carbon 5. SEX 6. COLOR OR RACE 7. MARRIED 9. AGE (In your | IF UNDER 1 YEAR IF UNDER 24 HRS. and lest birthdey Months Days WIDOWED aucasian DIVORCED event, physician 10e. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) etired clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .= attending and Lachary Jaylor Howe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO.1 (Yes, no, or unkown) | (If yes give wer or detes of service) 13102 Grenoble Drive the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). attending physician. certificate has been signed by ONSET AND DEATH 0 PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, the burial-transit DUE TO cardiovascular d Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying burial, ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY S o PERFORMED? NO X USe prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [detached for OR CONTRIBUTING [] CAUSE OF DEATH the After this (IF EITHER, NOTIFY MEDICAL EXAMINER) þ 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work CTOR: p.m Dept. to VHIV 25 , 1967, that (1) (we) last plnods State 19.4.7., and that death occured at 1...7M, from the causes and on the date stated above. saw the deceased alive on. U.U.I.Y 22b. DATE 220. SIGNATUR ATTENDING SIGNED DIRECTOR PHYS. PHYS. FUNERAL page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Kaymond filed v 23e. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL, (Specify) 호 등 0 Irans-burial FUNERAL-DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

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CERTIFICATE OF DEATH

U	,0 •	U	CLI	MILICALI	OI DEATH						
1. PLACE OF a. COUNT	Υ	MONTGOMERY		MARYLAND	2. USUAL RESIDENCE (V o. STATE MARY		lived, if institut b. COU	YTV .	ce before		on)
b. CITY OF write 1	R TOWN (RURAL an	(If outside corporate limits, d give nearest tawn)	c. LENGTH OF		c. CITY OR TOWN (If au	tside corparate		RAL and give	nearest	town)	
d. NAME (OF HOSPI	TAL OR INSTITUTION (If not in			d. STREET ADDRESS	0011			e	IS RESII	DENCE
		MERY GENERAL			10 D	EWEY DE	RIVE		Y	ON A F.	ARM?
3. NAME OF		First	Midd	lle	Lost	4. DATE	Mon	th	Doy	Ye	O1
(Type or		Knu	T ERN	FRID	STROMBER	OF G DEATH	7		17	19 (67
S. SEX		6. COLOR OR RACE 7.	MARRIED NEVER M	ARRIED	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER		IF UNDER	-
MALE		WHITE	IDOWED X DIV	VORCED	Feb.12,1882		last birthdoy) 85yrs.	Months	Doys	Hours	Min.
during most o	of working	N (Give kind of work done life, even if retired) NAKER (RETIRED	10b. KIND OF BUSINESS INDUSTRY	OR	11. BIRTHPLACE (County &	& State, ar farei	gn country)		IZEN OF UNTRY?	WHAT USA	
13. FATHER'S	NAME	XANDER STROMB			14. MOTHER'S MAIDEN N		BLOOME	BERG			
		ER IN U.S. ARMED FORCES? (If yes give wor or dotes of sen	16. SOCIAL SECURITY	NO. 17.	INFORMANT MEDICAL	RECORE	Addr	ess			
Condition	ART I. DEA 1/4/6/ ons, if ony mmedio	EATH WES CAUSED BY: IMMEDIATE CAUSE (o) DUE TO which gove te couse (o), orlying couse (c) C(c) DUE TO (c) DUE TO (c) DUE TO	UREMIA -	DURATIO	ON ONE WEEK - SIX MONTH:	s			G	RVAL BET	DEATH 3
PART II.	OTHER S	IGNIFICANT CONDITIONS CONTR		OT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN	IN PART 1(o)		1	WAS AUTO	ED?
OR CONT	RIBUTING	DIABETES S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		URY OCCURRED.	(Enter noture of injury in F	Port I or Part I	l of item 18.)		YES) [_]	NO X
	Hour o.	m. 19	20d. INJURY OCCURRED While Not While of work of work	foo	ACE OF INJURY (Home, form tory, street, office bldg., etc.)		(City or town)	(Cou	inty)		(Stote)
21. sav	I certi	fy that (1) (this hospito eceased alive on7) ottended the dece -16 1967	ased from_ , and the	8-8 , 1 death accurred at	961 , to 6A . M,	fram causes	, 19_ and an th	, tho ne date	at (I) (: stated	we) las dabove
	GNATURE	Men	wher.	M.	.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DA	TE SIGNE	D 17-6	7
	AME (Type		ER. M. D.		22d. ADDRESS CLARKS	VILLE.	Mp.				
230. BURIAL BURIAL	AL (Specify	ON, 23b. DATE THEREOF	23c. NAME O LaGran	F CEMETERY OR	crematory .	23d. LOCA	TION (City or To		(County)	(5	itote)
24. FUNERA	H Wi	tzke.321 Colu	ADDRE	S llicott	City Md.	BY REGISTRA	1967 RI	GISTRAR'S S	IGNATURI	e les	orten re

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond completely filled in by the furneral director, page 3 should be detached for use as the burial-transit permit. Then please reprove orbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any even within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after Poge 4 moy be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

THE PERSON NAMED IN			
			STREET,
	CAPTAN.		maxion run f
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	OF DEATH						2. USUAL RESIDENCE (Where de			before odm	ission)
o. COUNTY Montgomery MARYLAND					o. STATE Maryland b. COUNTY Frederick							
b. CITY OR TOWN (If outside corporate limits, write RURANTIA CHENGTH OF STAY IN 1b lengthly					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
					Fred	ericl	k		1.2			
d. NA	ME OF HOSPITA	AL OR INSTITUTION (If no	ot in haspital, g	give street	oddress)		d. STREET ADDRESS				e. IS R	ESIDENCE
	Fa:	irland Nurs	ing Ho	me	Chira		254 1	Dill	Avenue	115		FARM?
3. NAME DECEA	ASED	ANNIE	rst	E.	Middle M.	STU	Lost	4. DAT	Til 1 vr		Doy	Year 67
	or print)							DEA	1111			9 67
S. SEX		6. COLOR OR RACE	7. MARRIED		EVER MARRIED		B. DATE OF BIRTH		9. AGE (in years lost birthdoy)	Months	Doys Hou	DER 24 HRS.
Fema		White	WIDOWED		DIVORCED		Aug. 18, 18	877	89 yrs.			
		(Give kind of work done life, even if refired)		IND OF BUILDUSTRY	ISINESS OR		11. BIRTHPLACE (County			12. CITI	ZEN OF WHAT	
Home	emaker	ine, even in remedy	Noi				Somerset County, Md. U.S.A.					
	HER'S NAME				17.5	-	14. MOTHER'S MAIDEN	NAME				
Na ₁	than Mi	ilbourne					Mary Ann I	Mills	3			
IS. WAS	DECEASED EVE	R IN U.S. ARMED FORCES?	, 16.	SOCIAL SE	CURITY NO.	17. 1	NFORMANT	- 76	Add	01 Ven	ice Dr	ive
(Advo.	or unknown)	(If yes give wor or dotes	Service 32	20-46	5-1835	TMis	s Dorothy l	R. Mi	Thourne S	ilver	Spring	Md
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10.		TH WAS CAUSED BY:	160	Reb		ak	TERIOS	100	05/5		ONSET AN	D DEATH
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rise	to immediat	e couse (o),		Hen	ani	200	CORTERI	04 0	FROSIA		11	
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		CHICKANT CONDITIONS	(c)	TO DEATH	BUT NOT DEL	ATED TO 1	THE TERMINAL DISEASE CO	AIDITION (CIVEN IN DADT 1/a)		TIO WAS A	VZQOTII
NO PAK	I II. UIHEK SI	GNIFICANT CONDITIONS C	ONIKIBUTING	IU DEATH	BUI NOI KEL	AIED IO I	ME TERMINAL DISEASE CO	MUITION (SIVEN IN PART I(6)		19. WAS A	RMED?
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OR C	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCKIRE HO	JW INJURY O	CCURRED.	(Enter noture of injury in	Port I or	Port II of Ifem 18.)			
WEDICAL 20c.		JRY Month, Doy, Yeor		NJURY OC	- 1		E OF INJURY (Home, for		f. (City or town)	(Cour	ntγ)	(Stote)
MED	Hour o.n	10	While of worl		t While	foct	ory, street, office bldg., etc	.)				
		fy that (1) (this has				fram	15/19	1966	to 7/10	1 . 19/	7 that (1	(we) las
		eceased alive an	7//	3	1962,	and that	death accurred a			and an th	e date sta	ted above
220	. SIGNATURE	Nen			1		4======	MED	22452	22b. DA	TE SIGNED	1 1 1
	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 0 7/15/67											
220	22c. PHYSICIAN'S 22d. ADDRESS											
	NAME (Type)	K.1.13	27AC	K	770		14115 C	0/10	DRIVE	Who	aTor	JUL 1
23o. BUI	RIAL, CREMATIC	ON, 23b. DATE TH	EREOF	23c. N	IAME OF CEMI	ETERY OR	CREMATORY	23d.	LOCATION (City or T	own) (County)	(Stote)
Bur	MOVAL (Specify	7-17-19	967	Mou	nt 01:	ivet	Cemetery	Fr	ederick.	Marvl	and	P WAL
24. FUN	VERAL DIRECTO	R 50(1/01	1.11		ADDRESS		25o. R10		The second second second second	EGISTRAR'S AL	SNATURE	
Rob	ert E.	Dailey &	Son	Fre	derick	k. Ma	ryland DATE	L & U	1301		9	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove cardan papers. Page should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours at

VR A15 (4) 20 M 1/66

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

HEALTH DEAT 2, and 3 ta PM3. Page

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Give Pages 1,

in pencil in Item 18.

pending

please execute the certificate.

funeral director.

the

VR A15ME 6M 1/67

MEDICAL EXAMINER:

be executed

certificate should writing the ward

State Department 4 shauld be farwarded to the Chief Medical Examiner's Office along with form the pages land 2 any event within 72 haurs after deat permit. File burial-transit .5 0 and nsed burial, crematian, or remaval, 3 shauld be Page

99 may be retained for your FUNERAL DIRECTOR: Page TO FUNERAL DI Health prior t

CERTIFICATION

09881 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b COUNTY b. CITY OR TOWN (If ourside corporate/limits, write RURAL and give nearest town) autside carporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO X NAME OF Middle DATE First Day OF DEATH DECEASED (Type ar print) < IF UNDER 1 YEAR 6. COLOR OR RAG DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** h, thday) Months WIDOWED X DIVORCED 10b. KIND OF BUSINESS, OR BIRTHPLACE (State or fareign country CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY 13. FATHER'S NAME MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, grunknawn) (If yes give war or dates of service INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY COSOPERU IMMEDIATE CAUSE (a) DUE TO CareliaVascolar Disease. Canditians, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse last 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. Not While factory, street, affice bldg., etc.) at wark 21. I certify that I took charge of the remains described above, held an Autapsy Inspection | Inquiry X and in my apinion death resulted fram: Natural causes Accident Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John G Ball Address (Street, city, tawn, ar caunty) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) burial (Specify) Ft. Lincoln Cemetery Prince Georges County . Md 24. FUNERAL DIRECTOR DE 2901 256 REGISTRAR'S SIGNATURE

Company N.W. Washington,

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

1.	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence aSTATE. b. COUNTY	e before odmission)					
	MARYLAND	maryland						
	b. CITY OR TOWN (If outside orporate limits, vrite RURAL and give nearest town)	c. CITY OK TOWN (IfButside carparate limits, write RURAL and give	negrest town)					
	Kensington 2488 27da	BALTIMORE	e. IS RESIDENCE					
)	d. NAME OF HOSPITAL ON INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	ON A FARM?					
	1 Character Tarech	UNICNOWN	YES NO					
3.	NAME OF DECEASED (Type or print) DORA First/	TAZIBER DEATH QUY	11 1967					
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. ABY (In years IF UNDER 1 Months	YEAR IF UNDER 24 HRS. Days Hours Min.					
1	Female White WIDOWED B DIVORCED 1	Aug. 6, 18 8 88 yrs.	Days Hours Hill.					
	va. USUAL OCCUPATION (Give kind of work dane uring most of working life, even if retired) HOUSEWIFE WIFE	11_BIRTHPLACE (County & State, or fareign country) 12. CITI	ZEN OF WHAT					
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Louis FINKELSTEIN	ROSE (NNKNOWN)						
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I		and Arealles					
	Yes, no, or unknown) ((If yes give war or dates of service) 219-54-8972 G	ABRIEL TAUBER WASH. D.C.	Den AVENW 20016					
	18. CAUSE OF DEATH (Enter only one cause per line for (a),.(b), ond (c).) PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH						
1	170 V IMMEDIATE CAUSE (a)	Umos						
	Conditions, if any, which gave	18 /-	31,00					
	rise to immediate couse (a),	of sees	7713					
	stating the underlying couse (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY					
N C	Control of the second	1	PERFORMED? YES NO					
FICA	200. ACCIDENT WAS LINDERLYING 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I ar Part II af item 18.)	1 10 1					
CERTIFICATION								
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, ary, street, office bldg., etc.)	nty) (Stote)					
×	p.m. 19 at wark at wark							
	ZI. I CEITIF III III III III III III III III III	t death accurred at 8:15PM, fram causes and an th						
	22b. DATE SIGNATURE							
	Kaspan T. Beral M.D. ATTENDING MED. DIRECTOR DIRECTOR DIRECTOR 7-11-67							
	22c. PHYSICIAN'S 22d. ADDRESS							
1	NAME (Type) RAYmond 1. BenAcks	4 4115 Colie DRIVE, a	the calon ma					
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County) (State)					
1	BURIAL 7-13-67 KING DAVGE	O CAM. FALLS CHURCH.	VIRGINIA					
1	ADDRESS ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIG	Ann.					
	ps Hawley SAN Des Mass	C. D. DATEUL 20 1967 Ochanle	o Judge					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tweeror director, page 3 shauld be detached far use as the burial-transit permit. Then please remave (arbotr-papers. Pages) and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

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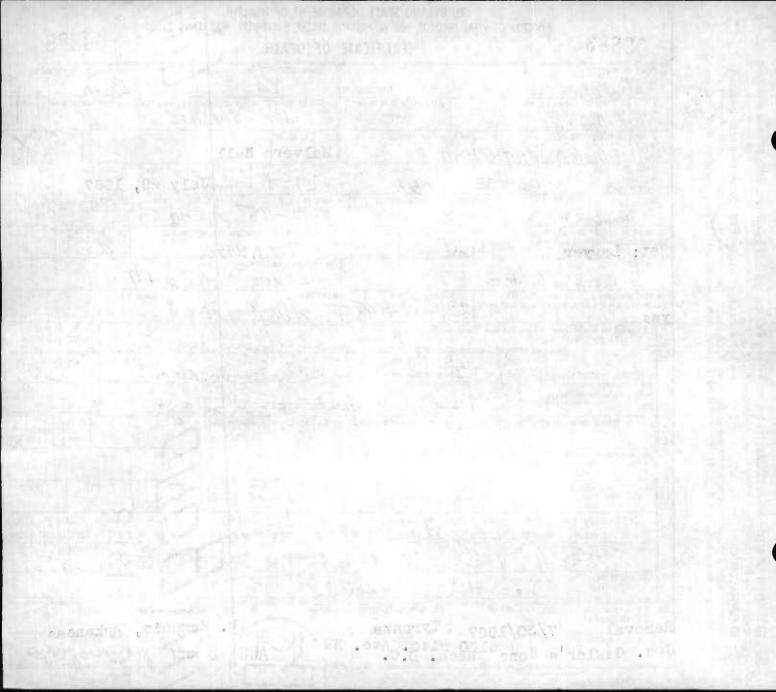
CERTIFICATE OF DEATH

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	09883	CERTIFICATE	OF DEATH		09889			
1	1. PLACE OF DEATH O. COUNTY Wintqmey	MARYLAND	2. USUAL RESIDENCE (Where dece a. STATE Va.	osed lived, if institution: Resi b. COUNTY	dence befare admission)			
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give degrees town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	rote limits, write RURAL and	53.3			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h Washington Sanital	rum	Malvern Hall		e IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF DECEASED (Type or print) First Grace			HJuly 29, 1	967 19			
	temale White wi	DIVORCED DIVORCED	DATE OF BIRTH 9-25	last birthday) Month				
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret: Lawyer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or Ten. h. ess.	3 11	COUNTRY?			
	13. FATHER'S NAME William Wallace		Laura An	in Smith				
	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknawn) (If yes give war ar dates af servi	16. SOCIAL SECURITY NO. 17 III	Admitting 1	ecod -				
	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	White ment of	nerd cerebral and less one on action several as	redbran ven in PART 1(0)	PINTERVAL BETWEEN PONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO NO			
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETTHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or P	art II af item 1B.)				
20c. TIME OF INJURY Month, Day, Year While Day of the County of Co								
	21. I certify that (I) (this haspited) attended the deceased fram							
	22c. PHYSICIAN'S NAME (Type)	H WOLOHON	22d. ADDRESS		1			
	23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 7/30/19	23c. NAME OF CEMETERY OR (W.	Memohis A	(Caunty) (State)			
1	34 ELINEDAL DIDECTOR	130 Wigappress Ave. 1	NW 250. REC'D BY REGIS		S STGNATURE as			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 25M 1/67



Item #9 Film #G391 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1. PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceosed			before odmis	ssion) /
o. COUNTY MC	ntgomery		MARYLAN	0	o. STATE	Virgi	b. COUN	Ty		/
	(If outside corporate limit and give nearest tawn)	'S,	c. LENGTH OF STAY IN 15		c. CITY OR TOWN (If autside corparate limits, write RURAL an			AL and give n	earest town	
write RURAL or	nd give nearest tawn)		109 days	i	Richwood		25.2			
	TAL OR INSTITUTION (If n	ot in hospital			d. STREET ADDRESS	IWUUU		2		SIDENCE
				,					e IS RE	FARM?
			sda, Marylan	id		Illen S				NO X
3. NAME OF DECEASED		irst	Middle		Losi	4. DATE OF	Month	1	Doy	Year
(Type or print)		lph	Eugene		Thomas	DEATH	Ju.			9 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	9.	AGE (In years Jost birthday)	Months D	EAR IF UND	DER 24 HRS. Min.
Male	White	WIDOWED	DIVORCED] 1	8 March 193	36 /	30 3 Jrs.	Molitis	oys Hour	3 14101.
10a. USUAL OCCUPATIO	N (Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (County		gn country)		EN OF WHAT	
during most of working	g life, even if retired) Miner		DUSTRY Mining	7.1	West	Virgin	ຳລ	COUN	US	A
13. FATHER'S NAME	TITILOI		THE STATE OF THE S		14. MOTHER'S MAIDEN N		1.00			
	Hugh Thoma	S				Pea	rl Baldw	vin		
	ER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. IN	FORMANT The Me	2 . 7 .	Addres			
(Yes, no, or unknown) Yes	(If yes give wor or dotes 1955–1959		99-30-5686	mh a	The Me	alcal	Record	la Man	A	
				Tile	Clinical C	enrer.	Decheso	la Mai	INTERVAL	ETWEEN
	DEATH (Enter only one car ATH WAS CAUSED BY:								30 min	DEATH
	IMMEDIATE CAUSE	(a) Car	diorespirato	ry	collapse				30 mir	nutes
2041	DUE	TO								
Conditions, if on		(b) Dif	fuse pneumor	ia.	with multi	ale ord	anisms		2 mon1	hs
stoting the und			, Labo piloamo.				,			
last.)	(c) Chro	nic myeloger	ous	leukemia	with ma	arrow fi	brosis	5 ye	ears
PART II. OTHER S	IGNIFICANT CONDITIONS		TO DEATH BUT NOT RELATED						119. WAS AL	JTOPSY
NOI									PERFOR	RMED?
200. ACCIDENT W/OR CONTRIBUTION	AC UNDERLYING 🗖	1 00L DE	SCOUDS HOW INNIBA OCCUP	DED /F		D-41- D-44	I f in 101		YES X	NO L
20o. ACCIDENT W/	AS UNDERLYING L G CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCUR	KED. (E	nter noture of injury in I	rort I or Port I	of item 18.)			
(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
	JURY Month, Day, Yeor				OF INJURY (Home, form		(City or lown)	(Count	ly)	(Stote)
Hour o	.m. 19	While at war		toctor	y, street, office bldg., etc.)					
			ded the deceased fra	m 6	April 1	9 67 to	24. July	19.65	that (K	(we) la
saw the s	leceased alive an	24 T117	7 1967, and	that	death accurred at	4:55AM	from rouses of	and on the	data stat	ed abay
220. SIGNATURE		~ A VILL	7 17 <u>07</u> , dilu	mui	deam accorred ar	1 2 00 00 1 411,	main causes c	22b. DATE		ed and ve
	uce a.	(VA B	ball.	14.5	ATTENDING	MED.	STAFF			
		wia	NYUU	M.D.		DIRECTOR L	PHYS.	24 Ju	Ty 196	0/
22c. PHYSICIAN' NAME (Type		Chahn	or		22d. ADDRESS Th	ie Ulin	TCal Cer	ncer,	Nation	id L
		. Chabh	ET.		Institute				ua, Mo	
230. BURIAL, CREMATI REMOTALICS BOOK	ON, 23b. DATE TH	EREOF	23c. NAME OF CEMETER	Y OR CR	REMATORY		TION (City or Tow	,	ounty)	(Stote)
IN MUTAIL SEE	y) /-28-	-0/	Mt View M	lemo	irial Par	k R:	ichwood	West	· Vir	gini
240 FUNERAL DIRECT	A Pumphre	755	7 WARDESSA	n A	STO 250. REC'D	BY REGISTRAL	2Sb. REG	SISTRAR'S SIG	NATURE	8-11-1
Marie	i diibiii	Bet	7 Willensi	EL 4	DATE	BY REGISTRAL	1961	Mary	of fue	gr.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.	7
1/0	A15 (4)
24	SE TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave capton pagers. Pages 7 and 2 should be filled with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

	0988	5			CEF	RTIFICATE	OF DEATH			U	33	31	
	LACE OF DEATH						2. USUAL RESIDENCE (eosed lived, if institu		e before	admissi	on)
	Mo	ntgomery				MARYLAND	Ohio						
b.		If autside corporote limi d give nearest tawn)	ts,		c. LENGTH OF	STAY IN 1b	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)						
	Bethes	da			13 da	ys	Warr	en			7	2.2	
d.	NAME OF HOSPIT	AL OR INSTITUTION (If n	at in h	aspital, giv	e street addre	ss) 2001/	d. STREET ADDRESS				0	ON A F	DENCE
		cal Center					204 Glendo	la St	treet		Y	YES	NO X
	AME OF ECEASED		Midd	Last	4. DATE	Mai	ith	Day	Ye	ar			
	ype or print)	Shei	la		Ann		Thompson	OF DEAT	rn Ju	ly	4	19 (57
S. SI	EX	6. COLOR OR RACE	7. N	ARRIED X	NEVER M	ARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1			R 24 HRS.
F	emale	White	W	DOWED [DIV	ORCED	15 October	1944	last birthday) 22 yrs.	Months	Days	Haurs	Min.
		(Give kind of work done	9		OF BUSINESS	OR	11. BIRTHPLACE (County	& State, or	fareign country)		IZEN OF	WHAT	
חוזטג	Housewi	life, even if retired)		INDU	ISTRY Non	e	Ohio			(0)	UNIRY?	US.	A
13.	FATHER'S NAME		_		110,11		14. MOTHER'S MAIDEN	NAME					
	Julius	H. Kitchin						I	Ethel Ray				
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES	?	16. SO	CIAL SECURITY	NO. 17.	INFORMANTThe Me	dical	L Recorded	ress		200	014
(1es	NO NO	(If yes give wor or dotes	at serv	Not	avail		ne Clinical				arv]	Land	1-4
T	18. CAUSE OF D	EATH (Enter only one co	use per								INTE	RVAL BE	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a)	Cere	bral i	nfarcti	.on				2NS	day!	ZEATH 5
	754	10	E TO										1111
	Canditians, if any		(b)	Cong	estive	Heart	Failure, car	rdiac	arrest		- 13	days	5
	rise to immediat		E TO						0,2,2,0,0				
	stating the unde	riving couse	(c)	Tetr	alogy	of Fall	.ot				22	yea	ars
-	PART II OTHER SI	GNIFICANT CONDITIONS					THE TERMINAL DISEASE CO	NDITION G	IVEN IN PART 1(n)			WAS AUT	
5	TAKT II. OTTEK SI	OHIII CONDITIONS	CONTINI	BOTHEO TO	DEATH BOT IN	OT KEDATED TO	THE TERMINAL DISEASE CO.	IIIDIII OII O	TTER IN TAKE I(G)			PERFORM	NED?
5	DO- ACCIDENT WA	C LINDEDLYING T		ANL DESC	DIDE HOW IN	IDA OCCIDADO	(Fator anti-s of this is	D=+ 1 == 0) - 4 II - f (4 10)		TE	SX	NO [
	20o. ACCIDENT WA' OR CONTRIBUTING	CAUSE OF DEATH		ZUD. DESC	KIRE HOM INT	UKT UCCURRED.	(Enter nature of injury in	Part I ar F	art II of Item IB.)				
# h		MEDICAL EXAMINER)											12
EDIC	20c. TIME OF INJI Hour a.i			20d. INJU	JRY OCCURRED Not While		.CE OF INJURY (Hame, farm tary, street, affice bldg., etc.		. (City or town)	(Cou	inty)	23	(Stote)
-	p.1			at work L				7 2	1 + 1		P9 .	72	
	21. I certi	fy that 队 (this ha	spital	ottende	d the decer	ased fram_s	L June , 1		to 4 July				we) last
	saw the d	eceased alive an_	40	илу	1967	, and tho	t deoth occurred ot	T002	M, tram causes				l obove
	22a. SIGNATURE	m	/	1 1			ATTENDING	MED.	STAFF F		TE SIGNE		4
	sy	m off	1 (eu	NOUN	M.	D. PHYS. L.J	DIRECTOR	L PHYS. L	-	-	1967	
	22c. PHYSICIAN'S	Trees M D	o+ o	2000	MD		22d. ADDRESS T	he Cl	inical Co	enter,	Nat	iona	1
1	manic (1) (be	Lynn M. P	e ve:	rson,			Institute	es of	Health,	Bethe	sda,	Md.	
_	BURIAL, CREMATIC		IEREOF			F CEMETERY OR		1/6	LOCATION (City or T		(County)	(5	State)
	REMOVAL (Specify	1//5	61	2	CHUM	4P10R			MMPION			,01	110
-	FUNERAL DIRECTO			é	ADDRES	S, CA		D BY REGIS	STRAR 25b. F	EGISTRAR'S SI	GNATUR		
11	5 (501	w. Enla	"	100	1.30		O Im.	11 7	136/	* was	rug	Hart	7

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05	9888	3	7.46	CERT	TIFICATE	OF DEATH			0	989	2	
I. PLACE O	OF DEATH					2. USUAL RESIDENCE (Where dec	eased lived, if institu	ution: Resider	nce before	odmissio	an)/
o. COUN	ITY	Montgome	ry		MARYLAND	O STATE	Jers	h (O)				J
b. CITY C	OR TOWN (f autside corporate limit		c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (If a	utside carp	orate limits, write R	URAL and giv	e nearest	tawn)	
write	RURAL and	Bethesda		100 da	VS	Sewe	ell		67	1. 2		
d. NAME	OF HOSPIT	AL OR INSTITUTION (If no	ot in haspital,			d. STREET ADDRESS	Box	1.21.	(2) 1	0	IS RESIT	DENCE
The C	linic	al Center,	Bethe	sda, Mary	rland	B/0 x/ 2/12,	Rout	-yy		Y	ON A F	NO X
3. NAME O		Fi	rst	Middle		Last	4. DAT	E Mo	nth	Doy	Yeo	ar
DECEASE (Type or		Don	nna.	Anne		Thomsen	OF DEA	TH .Tin	lv	70	9 196	57
S. SEX		6. COLOR OR RACE	7. MARRIED			8. DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER	R 24 HRS.
Fema	le	White	WIDOWED	DIVO		O January 1	947	last birthday) 20 yrs.	Manths	Days	Haurs	Min.
10a. USUAL (during mast	OCCUPATION atworking	(Give kind af wark dane life_even if retired)		KIND OF BUSINESS O	R	11. BIRTHPLACE (County		r fareign country)		TIZEN OF DUNTRY?		
		life even if retired)				Maine					USA	
13. FATHER		77 I 1 m				14. MOTHER'S MAIDEN						
		Kenneth The						Grace Duv				
IS. WAS DE	ECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war or dates of	of service) 16	. SOCIAL SECURITY N	17.	INFORMANT The M	ledica	al Record	ress			
No	onknown,	(iii fes give wai oi daies	3, 30, 1, 10,	005-48-50		e Clinical				Mary 1	land	
Canditi rise to	PART I. DEAT 2041 ians, if any, immediat	ATH (Enter anly ane call WAS CAUSED BY: IMMEDIATE CAUSE Which gave e couse (o), Ilying couse	(o) Car 10 (b) Ble	diovascul	athesi					ONS	Wks	DEATH
PART I	II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE CO	NDITION G	GIVEN IN PART 1(a)			WAS AUTO PERFORM S X	OPSY NO
OR CON	NTRIBUTING	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. I	DESCRIBE HOW INJUR	Y OCCURRED.	(Enter noture of injury in	Part I ar	Part II of item 18.)				
	Haur a.r p.r	n. 19	Whi at we	ork L ot work L	fact	CE OF INJURY (Hame, farr tary, street, affice bldg., etc.	.)			iunty)		(State)
21 sa	. I certified the decire the deci	by that (1) (this hose ceased alive an	pital) attei 19 Jul	nded the deceas	ed fram_ _, and tha	10 April , t death accurred at	12:2	, ta <u>19 Jul</u> 5M, fram causes	<u>y</u> , 19 <u>6</u> and an t	${}^{\circ}7$, the	at (X) (we) las 1 above
	SISTRATURE	Muske	ll		M.		P.M. MED. DIRECTOR		X 19 .	Tuly	196	
	PHYSICIAN'S NAME (Type)	Charles 1	M. Has	kell, M.I).	Institute	ne Cl	inical Ce Health,	nter, Bether	Nati sda,	iona. Md.	L
23a. BURIA Bur	L, CREMATIC VAL (Specify			23c. NAME OF		rematory s Cem.		LOCATION (City or 1		(County)	(5	State)
24. FUNER ROBE	CRT A		EY, B	ethesda			D BY REGI	1967 25kg	REGISTRADA	SIGNTUR	ye.	

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death papers. Pages I and TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and capadetely filled in by the funer director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbo, papers. Pages f ar shauld be filed with the State Dept. af Health priar ta burial, cremation, ar removal, and in any eter the state Dept. af Health priar ta burial, cremation, ar removal, and in any eter the state Dept. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

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CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

papers. Pag hin 72 hours (hin 72 filled carbon W event, remove ony 0 burial-tronsit Das Heolth certificate should

PLACE OF DEATH

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

attending TO FUNERAL DIRECTOR: director, poge should be filed

a. COUNTY Virginia Montgomery MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest tawn) Bethesda (rural 1 day Alexandria d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7518 Cornith Drive Naval Hospital YES NO 1 NAME OF First Middle 4. DATE Manth DECEASED 19 67 THOMSON James DEATH 8. DATE OF BIRTH IF UNDER 1 YEAR FUNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) 3 March 1926 WIDOWED DIVORCED Male Cauc 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? USA 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Boston, Massachusetts 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Thomson Florence Bigelow AddressVirginia 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Alexandria 16. SOCIAL SECURITY NO. (Yes, no, ar unknawn) (If yes give war or dates at service) Mrs. Mary I. Thomson, 7518 Cornith Drive INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Cardio Respiratory Failure IMMEDIATE CAUSE (a) DUE TO Diffuse Metastatic Sarcoma Canditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) None YES T 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While 21. I certify that () (this haspital) attended the deceased fram 6 July 19 67 to 7 July 19 67 that XI) (we) lost 1967, and that death accurred of 415PM, from causes and on the date stated above. saw the deceased alive of ulv 22b. DATE SIGNED STAFF PHYS. DIRECTOR 8 July 1967 22d. ADDRESS Naval Hospital, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial Arlington National Arlington, Va. ADDRESS 24. FUNERAL DIRECTOR MCGuire 2Sq. REC'D BY REGISTRAR Home, 1820 9th Street, N.W., Washington D. C.

VR A15 (4) 25M 1/67

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FOR S	-			MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALIH	DEP	1)	1.	PLACE OF DEATH) 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY
sary, neral y be	ment eath.	7		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
5 ma	eparti fter d			d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
ay 3 13	tate D urs at	76	2	E.S. ner 2/ 4 5 5 p F23Mzuch Chunks YES NO
y del	the Si	B	3.	NAME DF DECEASED (Type or print) Processed Middle Lest 4. DATE OF DEATH DEATH 19 67
s 1, 2	HE THE	-	*	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Min.
death Page ith fo	1 and 2 event w		10a	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
after . Give ong w	es 1 a			INDUSTRY ARINE FATHER'S NAME INDUSTRY USMC POTTSVILLE PA COUNTRY? AMOTHER'S MAIDEN NAME
ours em 18 ce alc	pag		13.	Permond H. Thornton MARGARET (UNKNOWN)
in Ite	E. File al, and			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address PR BN TBS MCS
within pencil niner	permit		=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
y, in Exan	or	1		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (O) ALLIE PULMONARY EDEMA & The brown
e execending	burial-trar cremation,			Conditions, If eny, which (b) / D///RHAT/19/M//OFT/G/ASTAGIF//CONTENTS
d in point of the	(0)			gave rise to immediate cause (e), stating the underlying cause lest. DUE TO (c) Auto accident 4 hrs.
e wor	ed as burial		FION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
rtifica ng th to ti	be us	/	CERTIFICATION	YES NO [] 20a. EXTERNAL CAUSE WAS 1/ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
nis cel writii rarded	00			20a. EXTERNAL CAUSE WAS PRIMARY D OF CONTRIBUTING D A cut : 743 0 65 (e Acc : d and
cate, forw	3 shoul	20	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State) 4 (4 h) 4 (4 h
Certification of the control of the	R: Page		N	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry , and in my opinion
4 sho	CTOR			death resulted from: Natural causes, Accident _X, Suicide, Homicide, Undetermined manner
MEr ecuts Page	DIRE or its		7	ACTUAL SIGNATURE
PUTY se ex tor.	UNERAL	2		EXAMINER'S NAME (Type) 1919 James no 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
please director.	of He		23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) REMOVAL (Specify) July 5, 1967 St. John's Cem. Hamburg, Pennsylvania
\/D	-			FUNERAL DIRECTOR AODRESS AOD
5M	5ME (5) 1/65			Daniel & aucho FALLS Church, UN. DATAIL 5 1967 (Charles Judge

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DIVISION OF VITAL RECORDS, PRESTON STREET, BALTIMORE, MARYLAND 21201 301

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FOR STATE HEALTH DEPT. necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner of the along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages Tand 2 with the State Department of TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If Health prior to burial, crematian, or remaval, and in any event within 72 haurs after death.

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1. PLACE o. COUI	OF DEATH		2. USUAL RESIDENCE (Where of	deceased lived, if institution: b. COUNTY,	Residence befare admission)
The	ntoomery	MARYLAND	marillan	7	airma a sa.
b. CITY	OR TOWN (If outside corporate lighits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (V outside co	proprote limits write 818AL	gomery nd give pegrest town
	RURAL and give negrest town)	D. O. A.	171	D. I.	and give nearest range,
Jak	coma Park		Jakoma	tark	15.1
d. NAM	E OF HOSPITAL OR INSTITUTION (If not in I	nospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
W	ash, San 1	Hospital	503 new	- york a	Ve YES NO B
3. NAME DECEAS		Middle	Lost 4. D.		Doy Year
(Түре о		Porter 1		EATH 7	9 1967
S. SEX	6. COLOR OR RACE / 7. 1	MARRIED ANEVER MARRIED	8. DATE OF BIRTH 4-10-9		UNDER 1 YEAR IF UNDER 24 HRS.
man	le- White w	IDOWED DIVORCED	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	last birthday) Mo	anths Doys Haurs Min.
10a. USUAL	OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fore	140	12. CITIZEN OF WHAT
during mos	t of warking life, even if retired)	INDUSTRY	1	d D	COUNTRY?
170	cleriologist	Dept of agric	Laurence	Lo. Tenn	WS A.
13. FATHE	R'S NAME	0	14. MOTHER'S MAIDEN NAME	OF	Mall
Wa	rrenc. litts1	er	Grace	Porler	
IS. WAS D	DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT 503 New 1	lork Ave Address	kong, Park, Md.
no	r unknawn) (If yes give war or dates af serv	217-44-0482 W	He-mrs.	16 va Z.	Titlster
18. C	AUSE OF DEATH (Enter anly one cause pe	r line for (a), (b), and (c), (f)	1	200000	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	(101 to CAT	MI Bon To	An aller pois a mark	DASET AND DEATH
4	1 IMMEDIATE CAUSE (o)	and a	or congress	Co more	
Condi	DUE TO			reuffice	ence
	immediate cause (a)		4.5 //		1
stotin	g the underlying couse DUE TO	arterioselen	11- 4/00	+ 100	
last.) (c) _	Contraction steem	one year	u a que	120
PART	II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION 2000					YES NO
20o.	EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part L a	ar Part II of item 18)	A
PRIMA	ARY or CONTRIBUTING		(and the first of		
	OF DEATH.	20d INJURY OCCURRED 20e PLA	ST OF HUMBY (I)	201 (6:1 1)	(6 1)
MEDICAL 20c	TIME OF INJURY Manth, Day, Year Haur a.m.	200.11	CE OF INJURY (Hame, form, tary, street, affice bldg., etc.)	20f. (City or tawn)	(County) (Stote)
×	p.m. 19	at work at wark	ary, street, erite blag, etc.,		
21	. I certify that I taok charge of	the remains described above, he	eld on Autopsy . Inst	pection , Inquiry	and in my opinion
	eath resulted from Notural ca		ide . Homicide	Undetermined monn	
	1600		CHIEF MEDICAL EXAMIN	NER 🗍	
ACTU	ATURE / Solden	101/eas	M.D. ASSISTANT MEDICAL EX		22. DATE SIGNED
			DEPUTY MEDICAL EXAM	LINER X	1 0 1000
	(Type) BELDEN X	KEAP MIT	1 11/	own or county)	Ly 7, 1961
	AL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23	d. LOCATION (City of Town)	(County) (State)
Trans	OVAL (Specify)	1967 Neshannock	Cemetery N	ew Wilnington	Danua
D. CHILDG	RAL DIRECTOR	22399GA	DEC'D DV DE		RAR'S SIGNATURE
G. G.	len Carter	orla 8434 Georgia A	venue 1	0 4003 (-31)	world Verge
waren	er (. Pumphrey. In	c. Silver Spring.	Md. DATE JUL 1	O IOOI	many mayer

VR A15ME (5) 6M 1/67

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CENTIFICATE OF DEATH

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anypapers. Pages within 72 haurs afte **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the fidirector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after the prior to burial, crematian, ar remaval, and in any event, within 72 haurs after the prior to burial, crematian, ar remaval, and in any event, within 72 haurs after the prior to be prior to b Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

				CERTII	FICALE	OF DEAL	Н					
1.	PLACE OF DEATH					2. USUAL RESIDE			institution	: Residence be	fore admission	on)
	a. COUNTY MO.	NTGOME	RX	MAR	RYLAND	a. STATE	IASHINO	TON D.	COUNTY	N. 1	N	V
	b. CILY OR TOWN (If autside carparate limited give nearest tawn)	its,	c. LENGTH OF STAY		c. CITY OR TOWN	(If autside car	parate limits, w	rite RURAL	and give nea	rest tawn)	
	TAKE	MA PAR	et .	1 MONTH	+19 day	· W	ASHIN	VGTOIV.	D.C	1	7.3	
	d. NAME OF HOSPIT	TAL OR INSTITUTION (If I	nat in haspital, g	ive street address)		d. STREET ADDRES			I D	,	e IS RESIL	
	WAS	HINGTON	SANITI	ARIUM! HO	SATAL	4347	BRAN	DYWIN	IE S	5/		NO X
	NAME OF DECEASED	F	irst	Middle		Last	4 DA	TE	Month		ay Ye	ar
	(Type or print)	VILLI	AM	WAR	NER	TORBE	RT DE	ATH	JUL;	/ 6	5 196	57
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	ED 🔲 8			9. AGE (In y		Manths Doy	-	
	MALE	WHITE	WIDOWED	DIVORCI	ED 🔲	8-29.	-89	77	yrs.	אסטווווט	3 HOUIS	Min.
duri	ing most of working	Y (Give kind of work done life, even if retired) Goun Emplo	INI	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (C		or fareign country		12. CITIZEN COUNTR		
13.	FATHER'S NAME	4000	/			14. MOTHER'S MA	IDEN NAME				XI CH	
	FRANC	IS TORB	ERT			PHYKIE	= DA	LRYMH	215			
15.	WAS DECEASED EVI	DINII C APMED FORCES	? 16. S	OCIAL SECURITY NO.		NFORMANT			Address	,		
(Te	S/na, ar unknown)	(If yes give war or dates	of service) 5	78-32-88	85	HOSPI	TAL	RECOI	RDS			
		EATH (Enter only one co	use per line far I	(a), (b), and (c).)							NTERVAL BET	WEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSI	(0)	ARDIAC	19	RRES	T				ONSET AND D)EATH
	4201		\-/		,		1)	1 = 5 =	北京	DOX	WEA	21
1.0	Canditions, if any		(b) C f	HRONIC	SE	UFIKE	CON	ひたらり、	+4	LUKE	1=171	9
	rise to immediate stating the unde		E 10									
	last.)	(0)	NON	709	ARTE	Re.	O C CK	1151	5_		
~	PART II. OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING TO	O DEATH BUT NOT RE	ELATED TO T	HE TERMINAL DISEA	SE CONDITION	GIVEN IN PART	1(a)	1	9. WAS AUTO	OPSY
CERTIFICATION	Certo	REMIT	7 A	-NEmi	17						PERFORM YES .	NO L
TIFIC	20a. ACCIDENT WA		20b. DES	CRIBE HOW INJURY	OCCURRED. (Enter nature of inju	Jry in Part I ar	Part II of item	18.)		- Land	
		CAUSE OF DEATH MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJ	URY Manth, Day, Year		JURY OCCURRED		E OF INJURY (Hame		Of. (City or to	own)	(County)	((State)
MEC	Haur 'a.	m. m. 19	While at work	Nat While at work	facto	ary, street, affice bld	g., etc.)					
	21. I certi	fy that (1) (this ho			from	5-16	1967	, ta 7-	- 5	1967	that (II)	we) la
		eceased alive an_										
	22a. SIGNATURE	0	1	- ()		ATTENDING 1	MED.	STAFF		22b. DATE SI	GNED	
-3	8	360 7	1	3-2	M.D	PHYS.	DIRECTO	R PHYS	.	7-) 0	>
	22c. PHYSICIAN'S NAME (Type		. FOR	D MD		22d. ADDRESS	51-12	RIVINE		Vin B	MD	
230	. BURIAL, CREMATIO	ON, 23b. DATE TH	HEREOF	23c. NAME OF CEA	METERY OR (REMATORY	23d	LOCATION (City	y or Tawn) (Cour	nty) (S	itate)
	REMOVAL (Specific Duria)	7/8/	67	Ft. Lir	coln	Cemete		Prince			Co.	Md.
24	FUNERAL DIRECTO	Re S.H. H	ines C	ADDRESS 2						TRAR'S SIGNAT		og
		wasn.	ington	,		-DAT			4	/	0	ela-

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Doy

Doys

12. CITIZEN OF WHAT

COUNTRY

(County)

22b DATE SIGNED

IF UNDER 1 YEAR

Months

e. IS RESIDENCE ON A FARM? NO X

Year

UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO

(Stote)

6 19

09891 CERTIFICATE OF DEATH death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside conserate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN outside corporate limits, write RURAL and give nearest town) write RURAL and give regrest town) 12200 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF Middle 4. DATE pan Month campletely DECEASED ULY (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years NEVER MARRIED birthdoy) in any DIVORCED WIDOWED pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) physician ten please INDUSTRY and the death certificate Orional Kilper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaval, attending poermit. The WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service crematian, CAUSE OF DEATH (Enter only one couse per line form), (b) and (c).) signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DITE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse as been as the prior ta attending last. (c) has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health certificate ATTENDING PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) r this certified detached for te Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20f. (City or town) Hour o.m. foctory, street, office bldg., etc.) While Not While be de State ot work at work After 21. I certify that (1) (this hospital) attended the deceased from shauld ith the be retained 4.3.9M, from causes and on the date stated obove. DIRECTOR: 19 and that death accurred at saw the deceased alive an directar, page 3 sha shauld be filed with 22o. SIGNATURE ATTENDING STAFF PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL TO FUNERAL NAME (Type) 230. BURIAL, CREMATION. Page 23h DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d_ LOCATION (City or Town) FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb.

VR A15 (4) 25M 1/67

(County) -

THE RESERVE OF THE PROPERTY OF Wall Control of the C LANGUAGE AND LINE AND A LANGUAGE CONTRACTOR OF THE PARTY the state of the s

FOR STATE	2000	S'S CERTIFICATE OF DEATH
HEALTH DEAT	PLACE OF DEATH O. COUNTY Montgomery Marylane	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTY Montgomery
PM3. Pa	b. (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring DOA	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Wheaton
form form	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) HOLY Cross Hospital	d. STREET ADDRESS 12014 Livingston St. e S RESIDENCE ON A FARM? YES NO []
de de	3. NAME OF GIOVANNA Middle (Type or print) GIOVANNA Aiello	Lost 4. DATE Month Doy Year Of Trapani DEATH July 21 19 6
18 Give along 2 with A	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Female White WIDOWED DIVORCED	1/40/34
hin 24 haurs ncil in Item 18 niner's Office o pages land 2 v	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (Stote or foreign country) Palermo, Sicily 12. CITIZEN OF WHAT COUNTRY? Thaly
within pencil xamine ile page	13. FATHER'S NAME Cesare XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Giovann Guiseppe AIELLO
e executed wit pending" in per ef Medical Exan isit permit. File nt within 72 hau	(Yes, no, or unknown) (If yes give wor or dotes of service) None	17. INFORMANT Daughter, Wheaton, Maryland Julia Rosenthal 12014 Livingston S
e shauld be e he ward "per ta the Chief I burial-transit n any event v	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (d) (d) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. (c)	erottic Heart Disease.
for the	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
R: uld uld ould ould	PRIMARY OF CONTRIBUTING OF CALISE OF DEATH	RED. (Enter noture of injury in Port I or Port II of item IB.)
EXAMINE out the candidate of the candida	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While Not While of work of work	. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (State)
JIY MEDICAL I Iry, please exect eral director. Po be retained for RAL DIRECTOR: prior to buriol,	21. I certify that I took charge af the remains described abave death resulted from: Natural causes Accident D, ACTUAL SIGNATURE EXAMINER'S NAME (Type) BE(DEA) R. READ N	e, held an Autopsy, Inspection, Inquiry, and in my apinion, Suicide, Hamicide, Undetermined mariner, CHIEF MEDICAL EXAMINER
TO DEPL necessa the fun 5 may TO FUNE Health	230. BURIAL, CREMATION, REMOVAL (Specify) Surial 23b. Date THEREOF 23c. NAME OF COMETERY Burial 23c. NAME OF COMETERY	OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) eaven Cemetery Silver Spring, Maryland
VR A15ME (5) 6M	24) William Bre Thomas Shuffking 8434 Georgia	Avenue 250. REC'D BY REGISTRAR 1967 25b. REGISTRAR'S SIGNATURE

Levigo in chort wion in a vint and insert all the little of the l 31162 williame, Signal Thair 11 NOV. 12 20000 NOV. 2001 951.7 finity IOSI Callyn Law 137 h 16. - / x THE I THE DIFFER ALL STATE OF A COLUMN THE SAME THE PARTY OF THE PARTY

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is	ute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to_MO	age 4 shauld be farwarded ta the Chief Medical Examiner's Office along with farm PM3. Poge	your files.	Page 3 shauld be used as a burial-transit permit. File pages land 2 with the S) ate Department of Ten	crematian, or remaval, and in any event within 72 haurs after death.
CAL EXAM!	execute the	tar. Page 4 s	ed far yaur	CTOR: Page 3	urial, cremat
TO DEPUTY MED	necessary, please	the funeral direct	5 may be retained	TO FUNERAL DIRE	Health priar ta b

	Н				2. USUAL RESIDENCE	(Where deceosed lived	, if institution: Re	sidence before	odmission) 🗸	
o. COUNTY	tgomery		MAP	YLAND	o. STATE Penr	nsvlvania	b. COUNTY			
b. CITY OR TOWN	N (If outside corporate lim	nits,	c. LENGTH OF STAY		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	ond give neorest town)	1	4DAYS		Allent	cown		75	2	
	PITAL OR INSTITUTION (IF				d. STREET ADDRESS				IS RESIDENCE ON A FARM?	
Nava	1 Hospita	1			3926 By	rd Ave		YE		
B. NAME OF		First	Middle		Lost	4. DATE	Month	Doy	Year	
(Type or print)	Mark		Toseph	WAL	LACE	OF DEATH	7	26	19 67	
S. SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIE		DATE OF BIRTH	9. AGE (In years IF UN		FUNOER 24 HRS. Hours Min.	
Male	Cauc	WIOOWED	DIVORCE		ay 16, 19	23	oirthdoy) Mont	IIIs Doys	TIOUIS MIII.	
Oo. USUAL OCCUPAT	ION (Give kind of work doning life, even if retired)		CIND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (Stote	e or foreign country)	1	2. CITIZEN OF V	WHAT	
Milit	ary	- "	USN		Brooklyn	New Yo	rk	COUNTRY :	USA	
13. FATHER'S NAME					14. MOTHER'S MAIOEN	NAME				
Georg	e Sylvest	er Wal	llace Jr.			Lce Donal	nue			
	EVER IN U.S. ARMED FORCES		173361224	17. 18	IFORMANT		Address			
Yes	00//	1	6-67		Service H	Record				
	DEATH (Enter only one of	ouse per line fo	r (a) (b) and (c))			010			VAL BETWEEN	
PAKI I. D	DEATH WAS CAUSED BY:	SE (o)	lead In	SUF	ies Mult	11-12 5	apere.	42	Legs.	
820.	,	UE TO		4 60	4	A	4	4	days	
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	inte couse (o)									
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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FOR STATE		03894	MEDICAL EXAMINER'	S CERTIFICATE OF DEATH	00000
EALTH DEPT	1.	PLACE OF DEATH			tution: Residence before admission)
P 39 4	-	b. CILY OR JOWN (In Jutside carparate		c. CITY OR TOWN (If Butside carporate limits, write F	Dispal - January 1
3.	-	write RERAL and give nearest tow	MADON	Selver Spring	KUKAL and give nearest fawn)
P P	, -		I (If nat in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
es 1, farm farm te De		Washington	Sant Hast.	9200 Sudbury	Rd. ON A FARM?
Pag H	3.	NAME OF OF OR	First C B Middle	Cher OF	onth Day Year
Give ang w) -	(Type or print) / LUCAY SEX 6. COLOR OR RAC	70	DEATH	I IF UNDER 1 YEAR IF UNDER 24 HR
2 8 a 8 a		M	WIDOWED DIVORCED	B. DATE OF BIRTH 7-12-87 9. AGE (In years last birthday) 80 yrs.	Months Days Hours Min
24 haurs in Item I er's Office ges I and 2 after deat	1D du	a. USUAL OCCUPATION (Give kind af wark ring most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or foreign country) Mont. Co., Md.	12. CITIZEN OF WHAT COUNTRY 2
hin 24 ncil in niner's pages pages	13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
an a		Crittenden H.	Walker	Virginia Coombs	
in ling all Examples.	19	. WAS DECEASED EVER IN U.S. ARMED FOR	1		dress
pending" in pending" in of Medical sit permit. I		No	2/0-114-1140/	Mrs. W. Cooke Walker Same	
be "pe hief ansit		PART I. DEATH WAS CAUSED BY IMMEDIATE (ne cause per line for (a) (b) and (c).) (CAUSE (a) COUL Me	pocardial Inface	CONSET AND DEATH
should e ward 1 the Cl urial-tru		Conditions, if ony, which gave	(b) arterioscle		sease.
the v the v ta th buri		rise to immediate couse (a),	(b) CO COCCO SCOO	rolle Heart Ne	elles,
ficate ing ting trded as a and i		stating the underlying couse stating the underlying couse	(c)		
	1 2	PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	SATIO				YES NO
SE E E	CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in Part I ar Port II of item 1B.)	7
(AMINE) e the ce e 4 shau aur files age 3 she	MEDICAL	2Dc. TIME OF INJURY Manth, Day, Y Hour a.m.		PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)	(Caunty) (State)
XA Jute Jute Yau Page crem	2	p.m.	19 at work of work		
xect yxect far far far ial,	-		thorge of the remains described above,		quiry , ond in my opinio
Se exector. Inned for SECTOI burial		deoth resulted from:	lotural couses Accident , Si	uicide , Homicide , Undetermined	moriner [_]
MES please please direct direct please please placet place		ACTUAL SIGNATURE	en Mach	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNE
EPUTY I		EXAMINER'S	No Norto	A CEPUTY METERAL EXAMINER	1.0 141967
ecessary, he funeral may be FUNERAL ealth price	2 =	D. BURIAL CREMATION. 23b. DA	TE THEREOF 23c, NAME OF CEMETERY C	M. Address (Street, city, lower, or (aunty) OR CREMATORY 23d LOCATION (Gity or	my 10/
the the Heal	23	REMOVAL (Specify)			Tawn) (County) (State)
0	1 2	Burial 7-1 4. FUNERAL DIRECTOR	17-67 Laytonsvi	25g. REC'D BY REGISTRAR 25b	REGISTRAR'S SIGNATURE Md.

Laytonsville, Md.

Francis H. Barber

The state of the s .0-1 .00 . 180 . 731 Tentral seritor Orickenden A. Hallar Virginia Coombo STA-LA-LAND MES. N. Cooks Welen Same as 2 to the said the party size the contraction in the Burniel 7-17-62 Laytonsville . Lay ton billy line . Inc. The second second second To told H. Br. en Lacksoville, Dd.

008	95		CERTIFI	ICATE	OF DEATH			05	901
1. PLACE OF DEAT					2. USUAL RESIDENCE (V		lived, if institution b. COUNTY		re admissian)
Me	ontgomery		MARY	LAND	O. SIAIL Mary	land	o. COUNT	CERRE	11
b. CITY OR TOW	N (If outside corparate lim	its,	c. LENGTH OF STAY IN	V Ib	c. CITY OR TOWN (If au	tside carporote	imits, write RURAL	ond give neore	st fawn)
Write KUKAL	and give neorest town) ithersburg		3 yrs 43	mo.		sburg		11	2
	SPITAL OR INSTITUTION (IF	not in hospital, a	ive street address)	1110 .	d. STREET ADDRESS		-	00	e. IS RESIDENCE
	Methodist Ho			Inc.	Chipper	Hill.	Rt. 1		ON A FARM? YES NO NO
3. NAME OF		First	Middle		Last	4. DATE	Month	Dov	
(Type or print)	Howa	nd	Nelson	Tal	areheim	OF DEATH	July		
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH			IF UNDER 1 YEAR	
M	W		DIVORCED		eb. 18, 187			Months Doys	Hours Min.
10a. USUAL OCCUPAT	TION (Give kind of work dans		ND OF BUSINESS OR		11. BIRTHPLACE (County)	& State or fareig	n (quatry)	12. CITIZEN O	F WHAT
during mast af work	ring life, even if retired) Toreman	IN	eel plant		Maple Gro	Comm	oll Coun	COUNTRY?	S.A.
13. FATHER'S NAM		/	ool plant		14. MOTHER'S MAIDEN N		Pitt	U.	D.A.
Som	wel Z	/2401			annie.	1/5	0.	. /	
15. WAS DECEASED	EVER IN U.S. ARMED FORCES	7 16	SOCIAL SECURITY NO.	17 19	FORMANT	110	Address	7/	
	(If yes give war ar dates	af service)				1 - 1 - 77	0	,	262
no			.6-10-4089	A A	sbury Metho	dist Ho	me, Gait		
	F DEATH (Enter anly one co DEATH WAS CAUSED BY:		1 11 1 11		11010-	Ca		INI	MERVAL BETWEEN
	IMMEDIATE CAUS	E (a)	NGESTIL	1-6	HEART	FA1.	LURE	7	EARS
420	DU	E TO	0	0.0					1
	any, which gave	(b) Ut	NERAL	HK	TERIOSCI	LEROS	15 A.	ND :	YCAKS
	nderlying cause DU	E TO	25-2:						
last.)	(c) H1	KIERIOS	cce	ROTTC HE	HRT	DISCH	se	
PART II. OTHER	R SIGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELA	ATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN I	N PART 1(a)	19.	. WAS AUTOPSY
101	DINDAY	TOD			TION Y	RPL	1.	,	PERFORMED?
S 200 ACCIDENT	WAS UNDERLYING [7]	201-00				Dart Las Dart II	of ite- 10 \		ES NO PO
OR CONTRIBUT	ING CAUSE OF DEATH	200. DE	OCKIDE MUW INJUKT UL	CORKED. (Enter noture of injury in F	raii i ar ran ii	at nem 18.)		
(IF EITHER, NOT	IFY MEDICAL EXAMINER)								
200. ACCIDENT OR CONTRIBUT (IF EITHER, NOT 20c. TIME OF Hour	INJURY Manth, Doy, Year	20d. IN While	JURY OCCURRED Nat While		E OF INJURY (Hame, form ry, street, affice bldg., etc.)		ity or town)	(County)	(State)
×	p.m. 19	ot work		rucio	ry, sireer, diffice blog., etc.)				
21. I ce	rtify that (I) (this ha	spital) attend	led the deceased t	ram_ c	TULY 8 .1	967, tac	1664 19	1. 1967 11	hat (I) (we) las
saw the	deceased alive an_	JULY	14 1962,0	nd that	death accurred at	0:45 AM, f	ram causes an	d an the dat	te stated abave
22a. SIGNATU	RE 1 0.6	1	1111					22b. DAJE SIGN	NED /
116	Heer	1 1/1	of Colm	O M.D		MED. DIRECTOR	STAFF PHYS.	7/10	1167
22c PHYSICIA	IN'S	1	C Comme	-	22d. ADDRESS	20.2	1	1/2	
NAME (Ty	ype) COBERT	(. 1	DADDA	RIC	5413 CC	TIAR	LANC	Bei	THESDA
23a. BURIAL, CREMA	ATION. 23b. DATE TH	HEREOF	23c. NAME OF CEME	TERY OR C	REMATORY	23d LOCAT	ION (City or Tawn)) (County	y) (Stote)
REMOVAL (Spe	cify) ~ /	7-67	10.		Pa	13	ist -	(Coulty	7///
24. FUNERAL DIRE	CIOR	4	ADDRESS	100	2 250 PEC'D	BY REGISTRAR	25P DECIS	TRAR'S SIGNATU	DE.
	- (Ken	5720	9/1	11/	DATE JU		967 10	Londa	Versian
- Taken	2h/ H/ 40/	X /AX	x 1206/11	16-07	TO DATE OF U	L 4 4 1	JOE K	- Cod	Needland -

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 haurs after **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certifice**te** be Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

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Secretary and the second

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

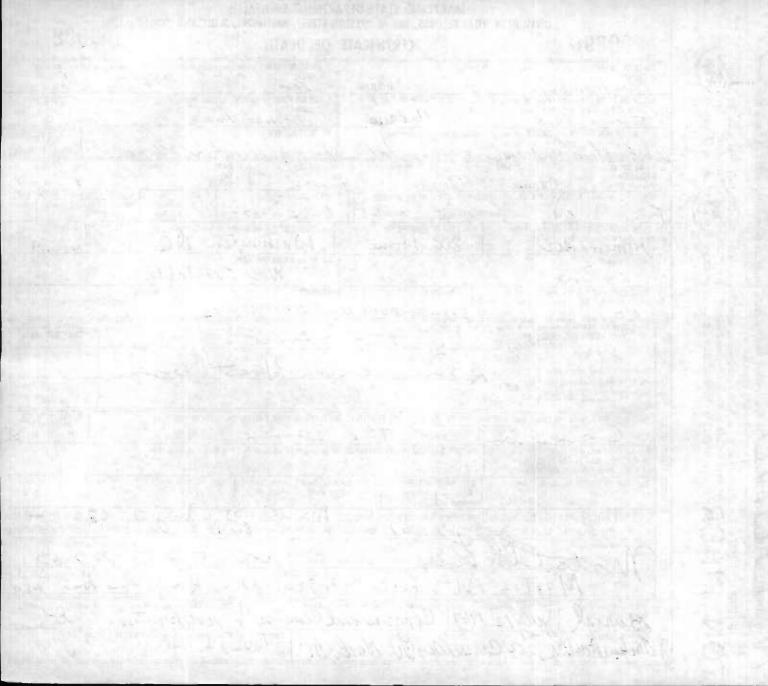
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CEDTIFICATE OF DEATH

09902

	CERTIFICATE	OF DEATH	1
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss	sion)
	a. COUNTY /	a. STATE b. COUNTY ~ 2/	
	Montgomery MARYLAND	Md. Frince Deni	ral
	b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	0
	write RURAL and give negrest town) Takoma Fark 16 days	Takoma Park 16.2	
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS e. IS RES	SIDENCE
4	kshington Sanitarium & Hospital		FARM?
3.	NAME OF / First / Middle		/ear
1	DECEASED (Type or print) Clara Games Ula	rner DEATH 7 9 19	967
5.			ER 24 HRS.
1	The state of the s	last birthday) Manths Days Haurs	
1	WIDOWED DIVORCED	6-12-1877 90 VIS.	
	a. USUAL OCCUPATION (Give kind of work dane ring ground af working life, Even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY?	
40	ring graft of working life, even if retired) INDUSTRY 1 tome	Washington DE.	A
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Pope	Not available	
		NFORMANT Address	
{y	es, no, or unknown) (If yes give war ar dates of service) 578 - 30 - 8580 446	as intal Rosanta	
-		INTERVAL B	FDAFFAI
	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	ONSET AND	
	IMMEDIATE CALISE (a)	and the same	
	43 00 DUE TO -	3. 11.	
	Canditians, if any, which gave) (b)	olic Heart Direcol.	
	rise to immediate cause (o), DUE TO		
	stating the underlying cause		
	, (9	Lva vycati	Tapcy
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFOR.	
A	Can mans of the	COMY. YES	NO D
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Part I ar Part II af item 18.)	
E	OR CONTRIBUTING CAUSE OF DEATH		
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIMF OF INIJIRY Month. Day. Year. 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm, 20f, (City ar town) (County)	(State)
MEDICAL		IE OF INJURY (Hame, farm, 20f. (City ar town) (County)	(91016)
×	p.m. 19 at wark at wark		
	21. I certify that (1) (this hospital) attended the deceased fram	March, 1967, to July 9, 1967, that (1)	(we) last
	saw the deceased alive an 3 1967, and that	death accurred at 835 0 M, from couses and an the date state	
	29g. SIGNATURE 29/1 45	22b. DATE SIGNED	
	MA to the le MD	ATTENDING DIRECTOR DISTAFF DIRECTOR DIPHYS. DI 7-9-6	>
	22/ MYSICIAN'S	22d. ADDRESS	-
	NAME (Type) MOTOL & Its holes he	P19705-12 Hance L.	ila
	Total Tall Sciwick	1/00	10 (47
23	O. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR C	100 7	(State)
	By Willy July 12. 1967 Congression	Cemelery Washington	C
2	4. FUNERAL DIRECTOR ADDRESS,	250 PEG DARY REGISTRAR 40 4-966 REGISTRAR'S SIGNATURE	1 4 5
X	arity halles 254 Carral al All Nach	CONTE JUL II 1901	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please fremaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in only every, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion. VR A15 (4) 25M 1/67



FOR STATE HEALTH DEPT. any delay is This certificate shauld be executed within 24 hours after death. If

00

the Staff Department of in pencil in Item 18. Give Pages 1, 2, and Examiner's Office along with farm PM3. the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm 5 may be retained far yaur files. Health prior to burial, cremation, or removal, and in any event within 72 hours after death. "pending" necessary, please execute the certificate, writing the ward

VR A 15ME (5)

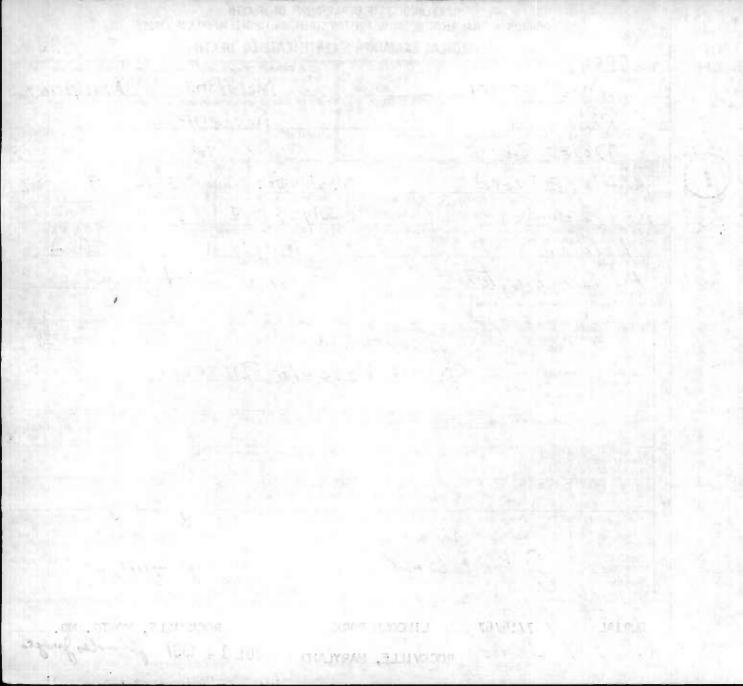
TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09903

1. PLACE OF DEATH &	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen	ce before odmissian)
o. COUNTY MONTGONZERY MARYLAND	o. STATE Mesyland. b. COUNTY Mo	ntamesa
b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give	e nearest tawn)
write RURAl and give, nearest town).	Rockville.	151
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	e IS RESIDENCE
DOVET Rd.	Dover, Rd	ON A FARM? YES NO X
3. NAME OF First Middle	Last 4. DATE Manth	Day Year
(Type or print) Edward.	ashington DEATH July	9 1967
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER lost birthday) Months	
M. Colored WIDOWED DIVORCED	July 23 1904 (52 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		IZEN OF WHAT
during mast of working life, even if retired) INDUSTRY	Mary land,	US.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Hd. WAShing TON	tannie Fletcher	
	INFORMANT Address	14.5
(Yes, no, ar unknawn) (If yes give war ar dates of service)		
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Preumon	10 -	ONSET AND DEATH
DIE TO		2 / 2 22
Canditions, if any, which gave) (b) Carolio Vz	seular Disease -	years.
rise to immediate cause (a), stoting the underlying cause DUE TO		
last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INHIRY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)	IES NO D
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	(chief indicate at many in radii radii not notii to.)	
		unty) (State)
Hour o.m. p.m. 19 While Not While of work of work	tory, street, office bldg., etc.)	
21. I certify that I toak charge of the remains described above, he	eld an Autapsy 🔲 , Inspection 💢 , Inquiry 💢 ,	and in my opinian
deoth resulted fram: Natural causes 💢, Accident 🔲, Suid	cide , Homicide Undetermined manner	
0.0	CHIEF MEDICAL EXAMINER	
SIGNATURE Com S. Bell -	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER	
NAME (Type)	Address (Street, city, tawn, or county)	
23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
REMOVAL (Specify) BURIAL 7/14/67 LINCOLN PAR		G. MD.
24 FEUNEBAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	
Rokert Z. Snowden ROCKVILLE, MAR	YLAND DATE JUL 14 1967 Julian	0



3. NAME OF DECASED (Type or print) S. SEX 6. COLOR OR RACE WIDOWED DIVORCED DIVORCED OCt.6,1901 10. KIND OF BUSINESS OR INDUSTRY W. Virginia 13. FATHER'S NAME Evan Griffith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost. DALL OTHER SIGNIBICANT CONDITIONS CONTRIBITING TO DEATH BILL NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN (M. PART Life) WAS AUTOPS 4. DATE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART II. OTHER SIGNIBICANT CONDITIONS CONTRIBITING TO DEATH BILL NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN (M. PART Life) 19. WAS AUTOPS Was AUTOPS 19. AGE (In years of plant of years) 19. AGE (In years of plant of years) IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 Manths Days Hours Wanths Days Hours 11. BIRTHPLACE (County & Stote, or foreign country) W. Virginia 12. CITIZEN OF WHAT COUNTRY? USA 14. MOTHER'S MAIDEN NAME Bessie Bradley 17. INFORMANT 1112 Grandin Ave. No INTERVAL BETWEEN ONSEL AND DEATH BILL NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN (M. PART Life) ONSEL AND DEATH AUTOPS ONSEL AND DEATH AUTOPS 19. WAS AUTOPS ONSEL AND DEATH AUTOPS ONSEL AND DEATH AUTOPS 19. WAS AUTOPS 10. WAS AUTOP	09898 CERTIFICATE	OF DEATH		0990	4
Holy Cross Hospital 1112 Grandin Ave. YES NO.	a. COUNTY Montgomery b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Silver Spring MARYLAND C. LENGTH OF STAY IN 1b	a. STATE Maryla c. CITY OR TOWN (If ou	nd Kont tside carparate limits, write RUR	TY Sgomery AL and give nearest	tawn)
DECEASED (Type or print) ELIZABETH G. WATKINS OF DEATH July 7,1967 19 AGE (In years of last birthday) Female White Widowed Widowe	Holy Cross Hospital	1112 Gran	din Ave.		
Female White WIDOWED DIVORCED Oct.6,1901 65 as birthday) Manths Days Hours Oct.6,1901 Oct.6	DECEASED ELTZABETH G. WATKI			1967	19
Housewife 13. FATHER'S NAME Evan Griffith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT 11. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBITIONS OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN WAS AUTOPS INDUSTRY W. Virginia 14. MOTHER'S MAIDEN NAME Bessie Bradley 17. INFORMANT 1112 Grandin Ave. INTERVAL BETWEE ONSEL AND DEATH ONSEL AND DEATH ONSEL AND DEATH ONSEL AND DEATH OTHER SIGNIFICANT CONDITIONS CONTRIBITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN WE PART LOT	of country of the cou		9. AGE (In years 65 last birthday) yrs.		Haurs Mir
13. FATHER'S NAME Evan Griffith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 1112 Grandin Ave. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISFASE CONDITION GIVEN WE PART I (c) 14. MOTHER'S MAIDEN NAME Bessie Bradley 17. INFORMANT 1112 Grandin Ave. INTERVAL BETWE ONSELAND DEA ONSELAND DEA (b) Stoting the underlying cause (c) LULIAN OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISFASE CONDITION GIVEN WE PART I (c) 19. WAS AUTOPS	during most of working life, even if retired) INDUSTRY	,		COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates af service) No 16. SOCIAL SECURITY NO. 17. INFORMANT 1112 Grandin Ave. 1112 Grandin Ave. 1112 Bessie Schark—Rockville, Md. 1112 INFORMANT 1112 Grandin Ave.	13. FATHER'S NAME Evan Griffith	14. MOTHER'S MAIDEN	NAME		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN BY PART INTO THE SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN BY PART INTO THE SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN BY PART INTO THE SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN BY PART INTO THE SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN BY PART INTO THE SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN BY PART INTO THE SIGNIFICANT CONDITIONS CONTRIBUTIONS	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no grunknown) lift yes give war or dates of service)	NFORMANT	1112 Grandin	Ave.	dia.
Conditions, if any, which gave rise to immediate cause (a), storting the underlying cause last. DUE TO Leading the underlying cause (c) Leading the underlying the under	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	Auction	***************************************	INTER	
stating the underlying cause (t) Jewillema (Asslant Myely. 6 Min. PART III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 167 19. WAS AUTOPS	Conditions, if any, which gave) (h) Hundly many	in Phon	K		24 hr
PERFORMED.	stating the underlying cause DUE 10	(serlan	the Mycly	. 6	nun.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(a)	P	PERFORMED?

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

M.D.

20e. PLACE OF INJURY (Hame, farm,

factory, street, affice bldg., etc.)

20f. (City or town)

(County) (State)

20c. TIME OF INJURY Manth, Day, Year Haur a.m.

sow the deceased alive on

While Nat While at wark at wark 21. I certify that (I) (this hospital) attended the deceased fram

20d. INJURY OCCURRED

M, fram couses and on the dote stoted obove. ond that death occurred of

22a. SIGNATURE 22c. PHYSICIAN'S/ NAME (Type)

ATTENDING PHYS. MED. DIRECTOR 22d. ADDRESS Rockville. Md. STAFF PHYS. /8/67

Stephen N. Jones

23d. LOCATION (City or Town)

(County) (State)

8URIAL, CREMATION, REMOVAL (Specify)

23b. DATE THEREOF 7/11/67

23c. NAME OF CEMETERY OR CREMATORY Washington Buriel (//11/0/
24 FUNERAL DIRECTOR
Tyson Wheeler Funeral Home-1331 Rockville
Rockville, Md.

250. REC'D BY REGISTRAR Pike

Perryopolis. Penn. 25by REGISTRAR'S SIGNATURE

22b. DATE SIGNED

VR A15 (4) 20 M 1/66

director, page 3 should be detached for use os the burial-tronsit permit. Then please freshould be filed with the State Dept. of Heolth prior to burial, cremotion, or removal, and it,

TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit Poge 4 may be retained by the hospital or attending physician.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

completely filled in by the funera erneye carbon papers. Pages I ony event, within 72 hours ofter

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		+1- and	

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Howard

Dov

31

12. CITIZEN OF WHAT

COUNTRY?

Months

e. IS RESIDENCE

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

and in my apinian

22. DATE SIGNED

USA

NO

19 67

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR S PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY P.M3. Page Montgomery
b. CITY OR TOWN (If outside corporate limits, Maryland MARYLAND delay c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Silver Spring Fulton DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS he certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, shauld be farwarded to the Chief Medical Examiner's Office along with form Holy Cross Hospital None 24 haurs after death. NAME OF Middle Lost 4. DATE Month DECEASED July Wessel Frederick Elmer (Type or print) DEATH S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED 9. AGE (In years lost birthdoy) 6/15/94 White WIDOWED after death DIVORCED Male 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)

Farmer **INDUSTRY** Fulton, Md. Farming 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within within 72 hours Emma Dinkleman George H. Wessel 17. INFORMANT Neice. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Oakland Mills Rd. (Yes, no, or unknown) (If yes give wor or dates of service) Marie Dasher 216-36-8857 Ellicott City, Md. 18. CAUSE OF DEATH (Enter only one couse per line burial-transit PART I. DEATH WAS CAUSED BY event IMMEDIATE CAUSE (o) This certificate shauld DUE TO in any Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse pup 3 should be used crematian, ar remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) the certificate, 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) PRIMARY G or CONTRIBUTING G CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page Page of work L of work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X death resulted fram: Natural causes Acadent Homicide | Undetermined manner Suicide . funeral directar. CHIEF MEDICAL EXAMINER priar ta ASSISTANT MEDICAL EXAMINER SIGNATURE Health 0

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(County)

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S	Z.	8
H	4	D ==
0-0	0	2 2
TO HOSPITAL TIENDING PHYSICIAN: The law requires that the death certificate be existed to the hospital or attending physician.	[ed	5 (4)
15	5M 9	160

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 09900

	09900			CERTIFICAT	E OF DEATH		0.0	1985
	CE OF DEATH	tgomery		MARYLAND	- STATE	CE (Where decessed live	COUNTY	ence before edmission)
b. C	ITY OR TOWN (if	outsida corporate limi	5,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporata limits,	write RURAL and giv	e nearest lown)
Si	Wer Spr	ing		19 years		Spring, Kx		1531
	_		f not in ho	spital, give street address)	d. STREET ADDRESS			IS RESIDENCE ON A FARM?
		ole Street				nole Street		YES NO
DE	ME OF CEASED	First		Middle	Last	OF	Month De	y Yeer
	pe or print)	Bertha		{ lizabeth		DEATH	July 2n	
5. SEX		6. COLOR OR RACE		ED NEVER MARRIED	8. DATE OF BIRTH	last birtho	years IF UNDER 1 YEA dey) Months Deys	
_ 10	nate	white	WIDOW			86 81 ,	rrs.	
done d	during most of wor	ON (Giva kind of work king life, even if retire		CIND OF BUSINESS OR INDUS		nty & State, or foreign cou	4 1 11	OF WHAT COUNTRY
	THER'S NAME		0	on home	Anne Arund		yland U	.S.H.
					14. MOTHER'S MAIDEN			
	known Bi	0	0000 144		Harriet S.			
Yes, no	o, or unkown) (If	R IN U.S. ARMED FOR yesgive war ordeles of s	CES? 16.		INFORMANT	2522 6	ninole St.	
No	/	Vone		1/-10-3905-15	John E. Wes	Silver		
18.		EATH [Enter only one I WAS CAUSED BY:	cense ber	line for (a), (b), and (c).]	1 R A C	6 MA	£ .	NTERVAL BETWEEN
		MMEDIATE CAUSE (0)	(arcinoma o	l Greass Wi	in letas	as is	2/2 yrs
13.	170×	DUE TO					4000	0
	onditions, if any,	1-7.						
), stating the un	DITETO						
	use lest.) (c)				THE RESERVE CONTRACTOR		10 1115 11150001
CATION	PARI II. OTHER	SIGNIFICANT CONDI	IONS CO	NTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	N GIVEN IN PART 1(e)	PERFORMED? YES NO
OR (IF	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE.	SCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury In	Pert I or Part II of item 18.	•)	
MEDICAL 02	Hour a.m.	RY Month, Day, Yea	While two	eNot While	LACE OF INJURY (Homa, ferr actory, street, office bldg., etc		(County)	(Stata)
		nat (I) (this hospited alive on	11.	ded the deceased from	at death occured at 6	00	1	that (I) (y/s) las
	e. SIGNATURE <		el	8	ATTENDING	MED. STAFF DIRECTOR PHYS.	□ July 2	22b. DATE SIGNED
220	c. PHYSICIAN'S NAME (Type)	SAMUE	7	DOVE, 1	1.2. 22d. ADDRESS 1.9. 1801 E.	ge St, N.W.	#407. W	aglington).
23a. BI	URIAL, CREMATIC	ON, 23b. DATE THE	EOF	23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATION (Cit	y, town or county)	(State)
	urial (Specify)	July 5	1967	Gate of Hea	ven Cemeteru	Silver Sn	ring Mary	land
24 FUN	1 B. Inop	s signature gin	25kme	8434 Georgia		L 1 0 1967	REGISTRAR'S SIGN	ATURE

7/2/1921 u. Ghatta sale Mark States there budge Co., they'a a little. The stand of the E. Wester Color To be to the To Control of the contro

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

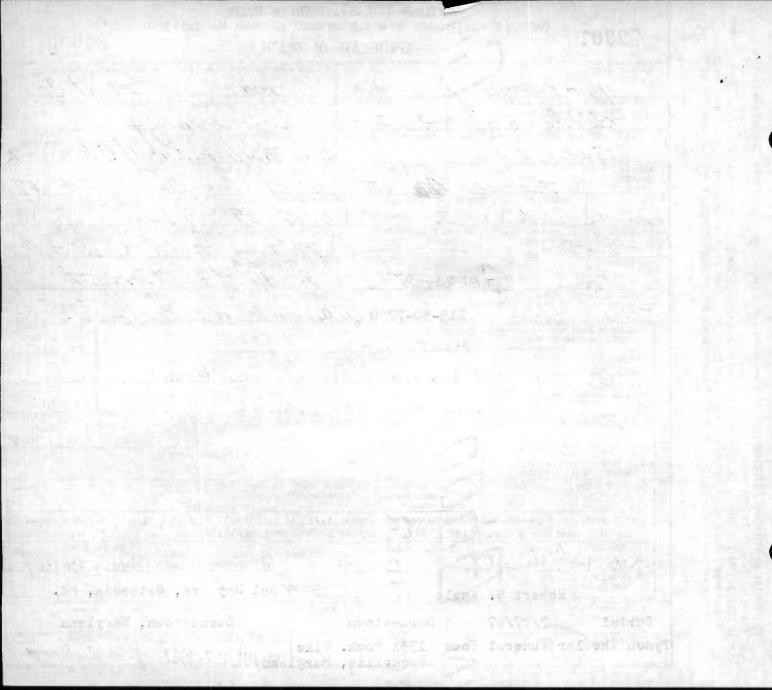
09906

di		
und		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
		o. COUNTY mont gimenet MARYLAND O. STATE ma. b. COUNTY b. COUNTY
the ful ages I s after		b. CITY OR TOWN (If outside concorde limits, CENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Pages urs aft		write RURAL and give news town) A Color of the state of
s.		d. NAME OF HOSPITAL OR INSTITUTION (If, not in hospital, give street oddress) d. STREET ADDRESS d. STREET ADDRESS / Ve. IS. RESIDENCE
per 72	20	ON A FARM?
ily filled in by the son papers. Pagwithin 72 hours		Suburban # 6 /80/1/75/ HOI/ CI, YES NO W
wil wil		3. NAME OF DECEASED A DATE Month Doy Year OF OF
ind campletely remave carbon any event, wit		(Type or print) 7303518 GENTRETT WEST DEATH JULY 24 1967
omp Ne	-	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors AF UNDER 1 YEAR IF UNDER 24 HRS.) lost birthday) Months Doys Hours Min.
cian and camplet ease remave car and in any event,	f.	female white widowed & DIVORCED 1/1/189 77/1
e re		10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
please l, and i	,	Thene Illary land, U.S.H.
		13. FATHER'S NAME
ding phys Then premayal,		John Governt Kokerta Mift
attending permit. Th		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or upknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address
attendi permit. ian, ar r		215-50-7290 Marian 10. 107/Ker/As 26000.
(1) ±		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
the nsit printing the		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
by cre		465 X DUE TO
signed by the burial-transit burial, crema		Conditions, if any, which gove) (b) CULMONARY INFARCTION, MASSINE 10 1) AYS
		rise to immediate couse (a), stating the underlying cause DUE TO
rtificate has been d far use as the af Health prior ta		lost. (1) Thrombo-EMROLIZATION 10 DAYS
as prio		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY
certificate has b hed far use as it. af Health pric	2	PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COLUMN WAS UNDERLYING COLUMN WAS UNDERLYING OR COLUMN WAS UNDERLYING COLUMN WA
far Hea		200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
of the		GE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
this cert detached e Dept. a		20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED While Not While Coctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
det		Hour o.m. While Not While foctory, street, office bldg., etc.)
offer this cell be detache State Dept.		21. I certify that (I) (this hospital) attended the deceased fram V UNE Y , 1967, ta V CLY 24, 1967, that (I) (we) last
73 0		saw the deceased alive an July 24 1967, and that death accurred at 4:50 PM, fram causes and an the date stated abave.
ECTOR: A 3 shauld with the		226. SIGNATURE 22b. DATE SIGNED
3 s wi		M.D. PHYS. DIRECTOR PHYS. DIVIL V 24 1967
D e e		228. ADDRESS
RAIL pe	1	NAME (Type) Robert G. Angle 5009 Del Ray Ave, Bethesda, Md.
O FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with th	- 1	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
dire sha	0	Buriestown Darnestown, Maryland
5 6	10	
A15 (4)	10.	ryson wheeler funeral home 1331 "ock. Pike!
1/0/		Rockville, Mary 1844JUL 27 1967 governs

VR A15 (4 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death:

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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FOR STATE		09902	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	03301
HEALTH DEPT.	1. 8	LACE OF DEATH				Residence befare admission)
is de de	d	monto como	MARYLAND	or STAIM A RIA	-Oun Ob. COUNTY	Men Ferman
Page of the state	E	CITY ON TOWN (If autside corparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If pulkide	carporate limits, write RURA	L and give nearest town)
pw3.		CITY ON TOWN (If autside corparate limits, write RURAL and give learest tawn)		12712	11/10. 200	Count 1
Por Por		NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	Canvocs	e IS RESIDENCE
form form	1	Leongia Cive, n	11 41 1 0018	Kockv	100	15. / ON A FARM?
ath. If an adages 1, 2 th form State Dep	3. 1	AME OF First	Middle		DATE Month	Day Year
de Winde		ECEASED (YPE or print)	RICHARD VIL	IFIAN	OF -	3/ 1967
Sive ng	5 6		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years)	IF UNDER 1 YEAR IF UNDER 24 HRS
9.00		haller	VIDOWED DIVORCED	QU. 26. 190	RG 40 yrs.	Manths Days Hours Min.
haurs after Item 18. Give Office alang and 2 with t	100	USUAL OCCUPATION (Give kind of wark dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or I		12. CITIZEN OF WHAT
(D)	duri	g most of warking life, even if retired)	Construction	Ohio	oroigii coomiy)	COUNTRY?
hin 24 ncil in niner's pages urs afte	13	FATHER'S NAME	Construction	14. MOTHER'S MAIDEN NAM	F .	0,0,77
	13.	PINI	A :-	Ma		bnis
with per Exam File Page 1	10	WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	tazel 1	5004 KENMONT RE
ried in radius in 72	(Ye	na, or unknown) (If yes give war ar dates at ser	vice) 19/-12 11020	. 0 .		
e executed pending" in ef Medical E Isit permit. F		YES 2-22-4510 1-23		Mary Regi	na Coneiar	- OXONHILL, MD
f M f w t w t		V8. CAUSE OF DEATH (Enter only one couse por PART 1. DEATH WAS CAUSED BY:	er line for (a) (b), and (ch)	0. 81		INTERVAL BETWEEN ONSET AND DEATH
ld be ord "pel Chief Chief-transit		IMMEDIATE CAUSE (a) _	fluctips	e cyene	mel	
shauld be en ward "peling the Chief burial-transit any event		Canditians, if any, which gave) DUE TO	(Church')	0 .	0 60	
the to the bur in an		rise to immediate cause (o), {	Cursing a	ryuries	of the	
ficate ing the rded 1 as a and in		staring the underlying couse	- AD 8912		4:	
vertificat writing rwarded rwarded sed as o		PART II. OTHER SIGNIFICANT CONDITIONS CONTR	DIBUTING TO DEATH BUT NOT BUATED TO	THE TEDAMENT DISEASE CONDITI	IONI CIVEN IN DADT 1/a)	V29OTILA 2AW 01
. 0 2 2 2	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	SIBUTING TO DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART I(d)	19. WAS AUTOPSY PERFORMED?
at at at a t a t a t a t a t a t a t a	CERTIFICATION	20g. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	/Enter nature of injury in Part	Lar Part II of item 19.)	YES NO
進 p P is -	ERTI	PRIMARY ar CONTRIBUTING	208. DESCRIBE HOW INJURY OCCURRED.	(cilier liable at injury in ran	I di ruii ii di ilem 16.)	
INER: e certif should files. 3 shault tian, ar		CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm,	201. (City ar tawn)	(Caunty) (State)
EXAMINEF ute the ce gge 4 shou yaur files Page 3 shou crematian,	MEDICAL	Haur a.m.	While Not While fact	tary, street, alfice bldg., etc.)	201. (City of lowin)	(county) (sidile)
TXA Unte Unte you you you ren		p.m. 19	at wark U at wark U	11 4	. N.	KV 1.
		21. I certify that I took charge of			nspectian , Inquir	
e exector. Predictor. Predictor. Predictor. Predictor. Purial, burial,		deoth resulted from: Natural co	ouses , Accident , Suice	tide Homicide], Undetermined mai	nner
MEDIA lease direction etaine to bu		ACTUAL / / /	10/1008	CHIEF MEDICAL EXA ASSISTANT MEDICAL		22. DATE SIGNE
d la la		SIGNATURE / Sellen	1 July	M.D. ASSISTANT MEDICAL EX	/ /	1 2, 10,0
o DEPUTY necessary, g the funeral s may be r o FUNERAL Health pria		EXAMINER'S BELDEN	K. NASO M	D. Address Broken	y County) the	ly 31 /16/
necessar the function of the f	23a	BURIAL CREMATION 236 DATE THEREO	F. 230 NAME OF ZEMETRY OR	CREMATORY /	23d. LOCATION (COMOR Jawa	(County) c (State)
るのものもん		BEMOVAL (Specify) 8-4-6	of Galtingro VA	Tivial Gen	Bellin	ene, ond,
M		FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY		ISTRAR'S SIGNATURE
VR A15ME (5)	7	rancis Heallin 3821-1	LTU. S- N.W. Wasy	, D, C, DATE AUG	4 1967 40	harles Juages
	-	11 3 - 1 - 1	א טוויו וייוויון ויויד	, - , -)		UV

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August 1977 No. 11 Company of the Company

MARYLAND STATE DEPARTMENT OF HEALTH

o. STATE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

MARYLAND

	*
death	omd 2
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Integral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, at temoral, and in any event, within 72 hours after death.
Page	direc shau

1. PLACE OF DEATH

o. COUNTY

VR A15 (4) 20 M 1/66

Tyson Wheeler Funeral

Montgomery

CITY OR TOWN (If outside corporate limits, Maryland Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neorest town) Rockville Rockville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 4609 Flower Valley Drive 4609 Flower Valley Drive CARRIE 3. NAME OF 4. DATE Middle Lost C. DECEASED WHITE DEATH July (Type or print) AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) 4/30/84 Female White WIDOWED + DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Sales Clerk INDUSTRY Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James H. Corkan Whipple 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes give wor or dates of service) Vallie Anne Halpine- Niece- same item 2 205-24-7033 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Dov. Year Hour o.m. Not While foctory, street, office bldg., etc.) While of work 21. I certify that (1) (this hospital) attended the deceased from When saw the deceased olive on_ 220 SIGNATURE director, page shauld be file 22c. PHYSICIAN TO FUNERAL I NAME (TOP) Bowditch 23b. DATE THEREO! BURIAL, CREMATION, Burial-Transit FUNERAL DIRECTOR

e IS RESIDENCE ON A FARM?

YES

Doy

YEAR

Doys

12. CITIZEN OF WHAT

COUNTRY?

USA

(County)

NO D

Year

1967

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO

(Stote)

munce

2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)

Month

IF UNDER

Months 2

re 14 1967, an	that death occurred of My ram Guses and on the dote sto	ted abov
unter to	M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 7/14/67	
unter,Jr.	22d. ADDRESS 50 West Edmonston, Rockville, Md.	
23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
67 Allegh	my Cemetery Pittsburg, Pa.	
Home 1331 Re	ckville PikeUL 17 1967 FEGISTRAR'S SIGNATURE PARE 111e. Md.	ye.
MOUNT 1	ite, a.	

DETECTION OF THE PROPERTY OF T

CAY PERSON ON					
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		48/5/5/84		orta .	
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Designation (100 e)		Maria de la composição			
. A. Johnson	toom, rotherman	369 07	- 1 - 1 - 2	mall spain of p	
		or in the co	out I if one		
			1,1000		

FOR STATE

HEALTH DEPT.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page death. 5 may be retained far your files.

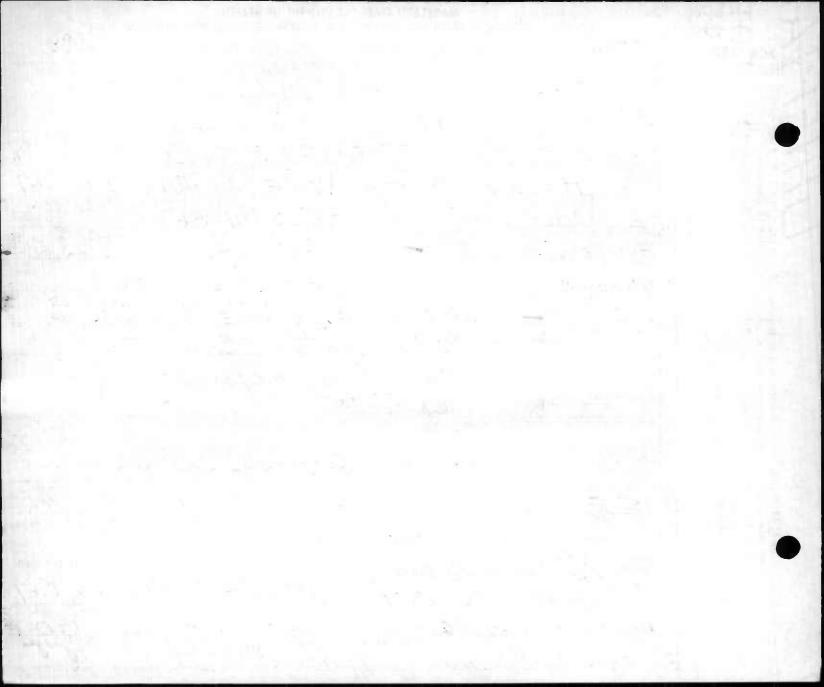
TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health ar its designated agent, priar to burial, cremation, ar remaval, and in any event within 72 hayrs ofter TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

VR A15ME 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	09904 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
1.	PLACE OF DEATH OF COUNTY MENTAGONERY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE M. W.
	b. CITYOR, TOWN (If guided corporate limits c. LENGTH OF STAY IN 16 wyfe RURAL and give nearest town).	c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in bespital, give street orders) 12213 Fuller Street	d. STREET ADDRESS 12213 Fuller St. 9. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) HELEN RUTH	WICE OF DEATH JULY 22 1967
1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	APRIL 3 1911 56 yrs. Months Doys Hours Min.
dui	b. USUAL OCCUPATION (Give kind of work done inig most of working life, even if refred) FATHER'S NAME	11. BIRTHPLACE (stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MONUTES AND
	HKNOWN	14. MOTHER'S MAIDEN NAME PAULIVE ROOF NFORMANT (S - 1/4)
	es, no brum nown) (If yes give wor or dotes of service) 186-03-9488 PA	FUL B. WICE, ALEXANDRIA, VA.
	18. CAUSE OF DEATH (Enter only one couse per line (or (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ation due to ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), DUE TO DUE TO	g, apparently salf
	lost. (c) Inflicto	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	PERFORMED?
	PRIMARY 28 or CONTRIBUTING CAUSE OF DEATH.	ener nature of injury in Port for Port II of them 18.)
MEDICAL	13 Cour 7-22 19 67 While Not While of work of work	E DF INJURY (Home, form, 120f. (City or town) Mc (County) (Stote) my/street, office bldg., etc.) Silver pring. Mexicony.
	21. I certify that I taak charge of the remains described above, held death resulted from Natural causes , Accident , Suici	de 🔀, Hamicide 🗌, Undetermined manner 🗌
	ACTUAL SIGNATURE SIGNATURE	CHIEF MEDICAL EXAMINER _M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22. DATE SIGNED
	EXAMINER'S NAME (Type) BELDEN K. SEAP!	9, D. Address (Strong county) DZ/ XX, 196/
	Buigi BL 7/24/67 GEO. WASA	REMATORY 23d. LOCATION (City or Town) (County) (Stote) - CEMETER HHTHTS VILLE - ITD-
24	1. FUNERAL DIRECTOR ADDRESS 4217	7-9-250. REC'D'EN REGISTRAR 196-266. RECHARGES SIGNATURE LINGE

FUMERIAL HUME



VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 09905 CERTIFICATE OF DEATH

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Res	idence before edmission)
1	Thou In a way MARYLAND	MAHINIMAL . MANTER A	MINIA
1	b. CITY OR TOWN (if oulside corporale limits, c. LENGTH OF STAY IN 1b with BURAL and give neerest town)	c. CITY OF TOWN (If outside corporete limits, write RURAL and g	
X	wife RURACand give neerest town)	Silver Sarian	51
-	d NAME OF HOSPITAL ORINSTITUTION (if not in hospitel, give speed address)	d/STREET ADDRESS/	e. IS RESIDENCE
0	12. h C.O 4. 1+ (84)	10 22 Brison Chair Pol.	YES NO P
	3. NAME OF First Middle	Last A DATE Month	Dey Yeer
	(Type or print) Denedict	MidmER DEATH July 2	2 1967
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6	DATE OF BIRTH 9. ACT (in yeers) IF UNDER 1 YE	
	MALE WIDOWED DIVORCED	12-25.95 73 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done guring most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
	Glass Printing Gov. Printing	Philadelphia Penn -	1 S. H.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Benedict A. Widmer	Adiline Kronner	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (Ifyesgivewerordatesofservice)		ма
	no	Banedict Widmer Cottage City,	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	0,-1,111	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOBAR /	NEUHONIA	4 VHD.
	1628	1/0	771
	Conditions, if eny, which \ (b) ULMONAT	CONGESTION	1 DAYS
	geve rise to immadiate cause (a), stating the underlying DUE TO		- Vas
	cause last. (c) ARCINOMA	6009.	2/ES
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OIL RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	e) 19. WAS AUTOPSY PERFORMED?
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH III. STREET CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH III. STREET CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH III. STREET CAUSE CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH III. STREET CAUSE CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH III. STREET CAUSE CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH III. STREET CAUSE CAUSE CAUSE CAUSE OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	11A; ASCUD; HEVD	YES NO
	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Pert I of Pert II of Item 18.)	
	3 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, farm, 20f. (City or town) (County	y) (Stete)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour a.m. p.m. 19 et work et work	tory, street, office bldg., etc.)	
	21. I certify that (1) (this hospital) attended the deceased from.	HUGUST, 196410 7/92, 180,	, that (I) (we) last
	saw the deceased alive on		date stated above.
	220. MGNATURE 1		22b. DATE SIGNED
	Wonded F. // Oxers	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 7	73 /67
	22c. PHYSICIAN'S NAME (Type) DANAL D D / FINIC	22d. ADDRESS 0 [] 1/00 1/1	nin
	NAME (Type) DONALD R. LEWIS	OLNEY, MARYE	AND.
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	REMOVAL (Specify) 7-26-67 Laytonsville	Laytonsville, Md.	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	SNATURE
	Francis H. Barber Laytonsville, Md.	DATE JUL 2 6 1967 game	a Judge
1 1.			

rennoul entlife. Benedict A. Wigner .hH .vJiD spajjol rembil johteesi purial 7-25-57 Layerard la Larvanavi ie, 2d. Trads R. Erter Leven Lile, .d. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
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OURS	in by S. Pa hours	
24	aper n 72	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.	NERA Stor,	
O HO	direct shou	

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24 hours after death.

VR A15 (4) 15M 4-64

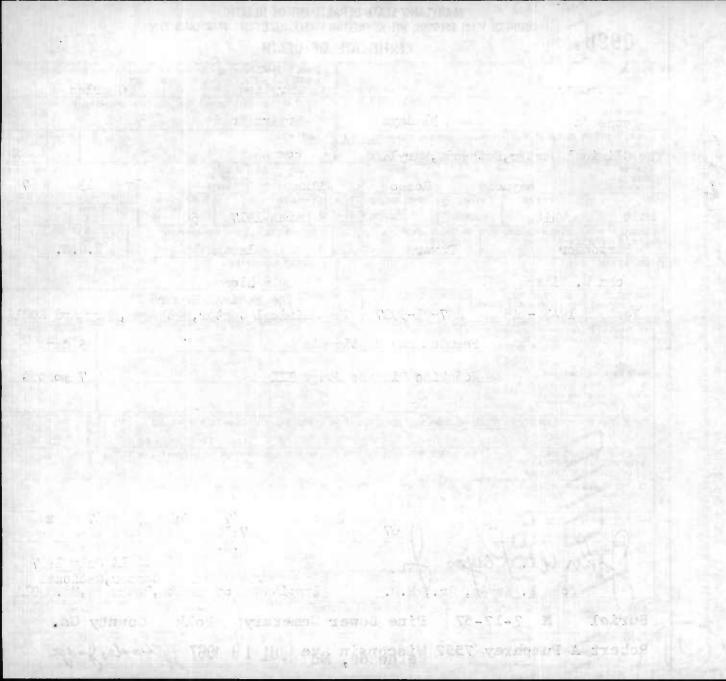
09906 CERTIFICAT	E OF DEATH
1. PLACE OF CEATH e. COUNTY	2. USUAL RESIOENCE (Where deceased lived, If Institution: Residence before admission e. STATE b. COUNTY.
Montgomery MARYLAND	e. STATE b. COUNTY Maryland Montgomery C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)	C. CITY OR TOWN (IT OUTSIDE COPPORATE MINITS, WITTER NORME and give meanest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET AOORESS e. IS RESIDENCE
11611 Regency Drive	11611 Regency Drive YES NO N
3. NAME OF First Middle OECEASED	Last 4. DATE Month Oay Year
(Type or print) / UKIE	ILES DEATH JULY 23 1961
7. MARKIED OF HEACH MARKIED	8. DATE OF BIRTH 9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.
	Dec 10, 1910 48 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INOUSTRY	COUNTRY?
Congressional aide U.S. Govt.	Honolulu, Hawaii U.S.A.
Ernest Masaichi Hirakawa	Isuru Hirakawa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyes give war or dates of service) No None 596-07-3591 Ex	nest E. Wiles 11611 Regency Drive
[18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	1 ON ORGIC , THE CONTROL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HDENOCARCINOHA	WITH DIFFUSE ABDOMINAL APPROX. 74
DUE TO METASTASES	BIOPSY PROVEN) - PRINARY SITE
Conditions, If any, which gave rise to immediate (b)	UNTROWN
cause (a), stating the DUE TO	
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
	PERFORMEO?
20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCI	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
20a. ACCIOENT WAS UNOERLYING 20b. DESCRIBE HOW INJURY OCCION OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. 19 While at work at work	pry, street, office bldg., etc.)
21. I certify that (I) (this hespital) ettended the deceased from	JAN, 1967, to JULY, 23, 1967, that (1) (we) las
saw the deceased alive on JULY 23 1962, and tha	it death occurred at Market AM, from the causes and on the date stated above
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. 1767
NAME (Type) THEMAS P. DWYBB, M.D.	2121 PENUSYLVANIA AVE. N.W. WISH.
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER'	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Cremation July 24, 1967 Fort Lincol	
John B. Jones Thusson 8434 Georgia Ave	1111 / 5 196/
Warner E. Pumphrey, Inc. Silver Spring, M	d. DATE JUL & J 1991

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	or or other	2.57 Pb (F		0.5 -0.55
5.1	Manager And Andrew		0(1)	
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2.1. F 6.5	n***	1075-10-105	2001	and all
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The same of	The state of the state of			
	Secretary with the secretary and the secretary and the secretary secretary secretary and the secretary sec		read :	, , , , , , , , , , , , , , , , , , ,

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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r deoth.	Poge 4 may be retained by the haspital or ottending physician.	unerol	I and Z	er death.	
ours afte		by the 1	Poges	ours afte	
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that the	'n.	by the a	ansit pe	remation	
equires 1	physicia	signed	burial-tr	burial, c	
he low r	ottending	nos been	e as the	prior to	
ICIAN: T	pitol or c	rtificote	d for us	of Heolth	
IG PHYS	the hos	r this ce	detache	te Dept.	
TTENDIN	ained by	IOK: Afte	nould be	th the Sto	
AL OR A	y be ret	L DIREC	age 3 sl	filed wil	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.	oge 4 mc) FUNEKA	director, p	should be	
70	VR .	Ala	5 (4)	

000	0 6		CERT	IFICATE	OF DEATH			US	212
1. PLACE OF DEATH					2. USUAL RESIDENCE	(Where deced			before odmission)
a. COUNTY Monte	gomery		M	ARYLAND	o. State Maryla	nd	b. COU	Charl	es V
b. CITY DR TDWN	(If outside corporate limits	,	c. LENGTH DF STA	y IN 1b	c. CITY OR TOWN (If	outside corpor	rate limits, write RU		
Bethes	nd give nearest town)		31 days		Bryans	Road		18.	2
d. NAME OF HOSP	ITAL OR INSTITUTION (If no	t in hospitol,	give street oddress)	20014	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	cal Center,				Box 26				YES NO 1
3. NAME OF	Fir	st	Middle		Lost	4. DATE	Mon	th	Doy Year
(Type or print)	Raym	ond	Rosco		Wilks	OF DEATE	H Ju	ly 1	3 19 67
S. SEX	6. COLOR DR RACE	7. MARRIED	NEVER MARK	RIED 8	B. DATE DF BIRTH		9. AGE (In years	IF UNDER 1 YE	
Male	White	WIDOWED	DIVOR	CED 🔲	8 March 1	917	lost birthdoy) 50 yrs.	Months Do	oys Hours Mir
10o. USUAL OCCUPATION	ON (Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (Count	ty & Stote, or f	oreign country)		N OF WHAT
during most of workin Barte	ender	1	voustry Lavern		A	labama	a.	U.	S.A.
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
John	W. Wilks				Ola	Sloane	9		
IS. WAS DECEASED EN	VER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO). 17. 1	NFORMANT The M	[edica]	l Recordida	ess	
Yes	(If yes give wor or dotes of 1943 - 45	2	57-01-590		ne Clinical				land 2001
18. CAUSE OF I	DEATH (Enter only one cou	se per line for							INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Pse	udomonas	Septio	emia				5 days
2011	DUE	TO						200	
Conditions, if on	nto course (n)		gkins Dis	ease S	Stage III				7 months
stoting the und		10							
last.)	(c)							
PART II. OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING	TO DEATH BUT NOT	RELATED TD 1	HE TERMINAL DISEASE CO	ONDITION GIV	VEN IN PART 1(o)		19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY	OCCURRED.	Enter noture of injury in	n Port I or Po	ort II of item 18.)		
Hour o	JURY Month, Day, Yeor D.m. 19	20d. I While of wor			E OF INJURY (Home, fo ory, street, office bldg., et		(City or town)	(County	y) (Stote)
21. 1 cert	tify that (X) (this has	oita <u>l</u>) atten	ded the decease	d fram_J	une 12	1967	to July 1	3 , 1967	, that (IK (we)
sow the	deceased alive an	July I	3 (1) 67	, and that	death accurred a		M, fram causes	and an the	date stated abo
220. SIGNATURI	Kn W. K	lerse	2	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE:	signed Ly 1967
22c. PHYSICIAN NAME (Typ	1	eya,	Jr., M.D.		22d. ADDRESS T Institut	he Cli	nical Ce Health,B	nter,Na ethesda	tional .Md.2001/
230. BURIAL CREMAT		REOF 17-67	23c. NAME OF C		rematory r Cemeter		OCATION (City or To	County	Ga. (Stote)
24. FUNERAL DIRECT	OR A Pumph n	PN 75	ADDRESS	nnein	250. REG	TO BY REGIST	TRAR 25b. R	EGISTRAR'S SIGN	ATURE



e carbon filled in by the funeral carbon 22 yeart, within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09908

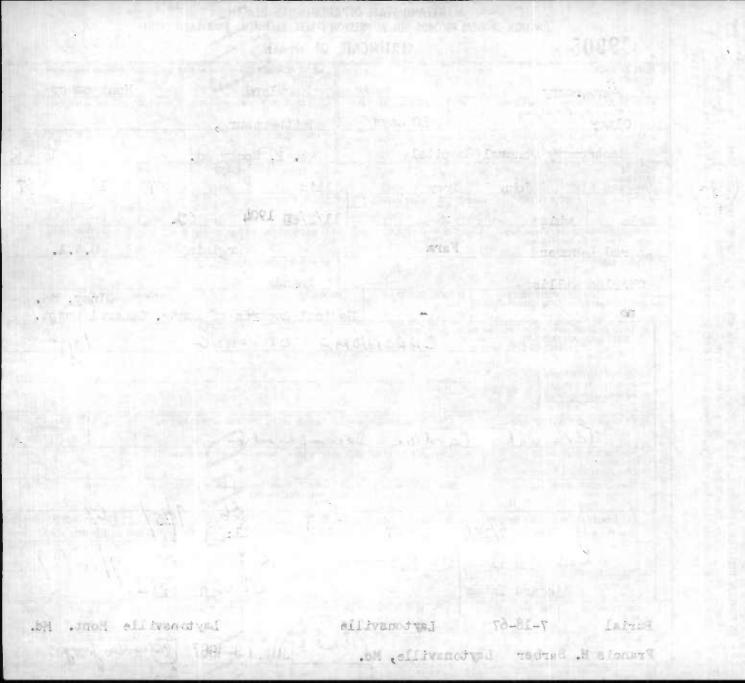
CERTIFICATE OF DEATH

09913

1.	PLACE OF DEATH			2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)					
	o. COUNTY	02/17	MARYLAND	o. STATE Maryland Montgomery					
-	b. CITY OR TOWN (If outs	ide corporote limits.	c, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)					
	write RURAL and give								
1	Olney	INSTITUTION (If not in hospital,	10 days	d STREET ADDRESS	burg,	e. IS RESIDENCE			
						ON A FARM?			
L		ery General Ho			ocky Rd.	YES NO			
3	NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy Year			
	(Type or print)	John '	Troy V	Villis	DEATH O'	15 19 67			
S	. SEX 6. CC	OLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF U	INDER 1 YEAR IF UNDER 24 HRS.			
	Male w	wite WIDOWED	DIVORCED [11/2/0 190	4 612 yrs.	IIIIS DOYS HOUIS MIII.			
	Da. USUAL OCCUPATION (Give	kind of work done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF WHAT			
	uring most of working life, ev Ratired Labo		INDUSTRY Farm		Virginia	COUNTRY? U.S.A.			
1	3. FATHER'S NAME	161		14. MOTHER'S MAIDEN		0,0022			
		1122		Amanda					
1	Charles Wi		5. SOCIAL SECURITY NO. 17.	INFORMANT	Address	Olmare Md			
	Yes, no, or unknown) (If yes	give wor or dotes of service)				Olney, Md.			
	no			edical Recor	ds of Montg. Gen				
	1B. CAUSE OF DEATH (Enter only one couse per line for		UA OF	1	INTERVAL BETWEEN ONSET AND DEATH			
		IMMEDIATE CAUSE (o)	CARCINON	MA DI	LUNG	To Grande			
	163X	DUE TO				4			
	Conditions, if ony, which								
	rise to immediate cous								
	last.	(c)							
-	PART II. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(o)	19. WAS AUTOPSY			
TION	101		1	combensat		PERFORMED? YES NO			
FICA	20o. ACCIDENT WAS UNDE	minal (DESCRIBE HOW INJURY OCCURRED.		Port Lor Port II of item 18 \	1 10 [] 10			
CEPTIFICATION	OR CONTRIBUTING CAL	JSE OF DEATH	PESCHIDE HOW HOOK! OCCORNED.	. (Enter numbre of injury in	TOTAL FOR IT OF HOME TO.)				
N	(IF EITHER, NOTIFY MEDICA	,	INITIAN OCCURRED AND SI	ACE OF INITION (II f	T 201 (City on Anyon)	(Caustry) (Ca-1-)			
MEDICAL	2 20c. TIME OF INJURY M Hour o.m.	lonth, Doy, Yeor 20d. Whi		ACE OF INJURY (Home, form ctory, street, office bldg., etc.		(County) (Stote)			
W	p.m.	19 of wo	ork of work	11	XI al. 1	10			
	21. I certify the	at (I) (this haspital) atte			1966, ta 1/37	196, that (I) (we) last			
	saw the deceas		19 <u>67</u> , and the	at death accurred at	11:05M, fram causes and	an the date stated above.			
	220. SIGNATURE	1	1. (1	ATTEMPTED		2b. DATE SIGNED/			
	Ku	had U-U	du mo	I.D. PHYS.	MED. STAFF PHYS.	7/16/67			
	22c. PHYSICIAN'S			22d. ADDRESS	1.10.1	//			
	NAME (Type)	Richard Yates		0	LNEY Md.				
2	30. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)			
1	REMOVAL (Specify)	7-18-67	Laytonsville		Laytonsville				
-	24. FUNERAL DIRECTOR	1-20-01	ADDRESS			AR'S SIGNATURE			
	Francis H.	Borber I out	onsville. Md.	JUAL	19 1867 Jalian	las Judge			
1	THE RESIDENCE OF THE	ACCURATE STREET	CHEST LIES FINS	1 a 1) 1 1 1 1 1 1		Y //3 //3			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 shauld be detached far use as the burial-transit permit. Then please remoje cardian shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, wi Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09909

CERTIFICATE OF DEATH

09914

		1	-
	in by the funeral	director, page 3 shauld be detached far use as the burial-transit permit. Then please rentang carbon papers. Pages 1 ghd-2-	haurs after death
	completely filled	ave carban papel	y event, within 72
	ian and	dse rem	nd in a
	he attending physici	it permit. Then ple	atian, ar remaval, a
physician.	signed by the	burial-trans	burial, crem
ar attending	te has been	use as the	alth priar ta
the haspital	this certifica	detached far	te Dept. af He
Page 4 may be retained by the haspital ar attending physician.	JIRECTOR: After	e 3 shauld be	ed with the Stat
Page 4 may	TO FUNERAL E	director, pag	shauld be fil
VR	Al	5 (4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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. PLACE OF DEATH					2. USUAL RESIDENCE (V	Where dece	osed lived, if institut	ian: Residence	befare odmi	ssian)	
o. COUNTY	Montgo	omerv	MADV	rLAND	o. STATE Louis	iana	b. COUN	ITY		/-	
b. CITY OR TOWN	(If outside carparate limit:		c. LENGTH OF STAY I		c. CITY OR TOWN (If au		rate limits write PUI	Al and give r	egrest town	1	
write RURAL at	nd give negrest town) da (rural)	*/	30 days		Oakda		role illinis, wille kol	CAL UNO GIVO	1001031 101111	1	
				5		Te		50			
	TAL OR INSTITUTION (If no	at in haspital, gi	ve street address)		d. STREET ADDRESS					ESIDENCE A FARM?	
Naval	Hospital				107 North	16th	Street		YES	NO X	
. NAME OF	Fi	rst	Middle		Last	4. DATE	Mont	h	Doy	Year	
(Type or print)	S	vlveste	r	WI	LLIS	OF	H July		7 1967		
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	ПВ	. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y	EAR IF UNI	DER 24 HRS.	
Male	Cauc	WIDOWED	DIVORCED		Oct. 22,193	3	Jost birthday) 33 yrs.	Manths [Days Haur	rs Min.	
	ON (Give kind of work dane		ID OF BUSINESS OR		11. BIRTHPLACE (Caunty			12 (1717	EN OF WHAT		
luring mast of working	g life, even if retired)	IND	USTRY		,			COUN	ITRY? USA		
I3. FATHER'S NAME	Marine Corp	S			Oakdale,		stana		USA		
				1	14. MOTHER'S MAIDEN I						
	d Willis				Ansavel						
IS. WAS DECEASED EV	'ER IN U.S. ARMED FORCES? (If yes give war ar dates o	of service) 16. S	OCIAL SECURITY NO.		WFORMANT St.,			ss City			
Yes	1953-196		4 46 0491	Mr	s. Wilma Je	an Wi	Illis, 206	West	Locus	t	
IB. CAUSE OF I	DEATH (Enter anly ane cau	se per line far (a), (b), and (c).)						INTERVAL		
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE	Gene	ralized c	arcii	nomatosis,	orima	rv undete	rmined	ONSET AND	DEATH C	
190	DUE	* *			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Conditions, if an											
rise ta immedia	ite cause (a),	(b)									
stating the und	erlying couse							16.0			
last.	,	(c)								-	
PART II. OTHER S	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CON	NDITION GIV	VEN IN PART I(a)		19. WAS A	UTOPSY RMED?	
3		14.6							YES 🗌	NO 2	
	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OF	CCURRED. (Enter nature af injury in	Part I ar Po	art II af item 1B.)				
	G CAUSE OF DEATH Y MEDICAL EXAMINER)										
7	JURY Manth, Day, Year	20d. IN	JURY OCCURRED	20e. PLAC	E OF INJURY (Hame, farm	20f.	(City or town)	(Caun	ly)	(State)	
Haur a	.m. 19	While	Nat While	facto	ry, street, affice bldg., etc.)			TEL O			
21 1	.111.	at work		f	no 7 i	967	to July 7	167	AL -AWIN	· / \ 1	
21. I cerr	ify that (肽 (this has leceased alive an	July anena	ed the deceased	and that	doath accurred at	5:20	M, fram causes		, that XP		
22g. SIGNATURE		ا زید	1901, (una mai	death accorred at		M, Harri Causes	22b. DATI		ea abave	
ZZG. SIGNATURE	- 12		1		ATTENDING	MED.	STAFF 5		y 8, 1	067	
DO DINGIGLAND	CFR	Cost		M.D		DIRECTOR	PHYS.	ון טעבן	y 0, 1	.901	
22c. PHYSICIAN' NAME (Type	C. P. KE	ESSLER,	M.D.		22d. ADDRESS	enit.	al, Bethe	edo Ma	3		
									ut •		
3a. BURIAL, CREMAT		EREOF	23c. NAME OF CEME				OCATION (City or To-		ounty)	(State)	
Burial (Specif		2000	Oakdale		tery	Oal	kdale, Lo	uisian	a		
24. FUNERAL DIRECT	or Falls Chu	rch Fun	eralporess H	ome	2Sa. REC'C	BY REGIS	RAR 25b. RE	GISTRAR'S SIG	NATURE		
1102	West Broad				Va. DATE	AF T	0 1997	Lucary	mak Dist	2	

25M 1/67

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	ore Celebria	e eg (Ieres) e	ho est dell
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- 1	vinda di dinan	re nowing	
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	Onerales, Louisiano	erine Jorge	U. Z. U
Humol Seer	Americka Envious Et., Johnson A. Mrs. Wilre John Willis, 205 Taresmoratoria, orthory unlater		31.4
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.d. M. Salara .A. S.

For Paris Convec Number 1602

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TO THE RESERVE OF THE RESERVE OF THE PROPERTY OF THE PARTY OF THE PART

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. funeral and 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Montgomery MARYLAND within 24 hours after c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carparate limits hours write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? = d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address event, within 72 filled 506 NO Z Year NAME OF Middle DATE Month Day campletely OF DECEASED 19 DEATH (Type or print) executed IF UNDER 24 HR 9. AGE (In years IF UNDER 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED (last birthdoy) remave Months Days Haurs WIDOWED DIVORCED pup 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done COUNTRY ? during most of warking life, even if retired) INDUSTRY physician on please guo certificate House wife 13. FATHER'S NAME crematian, or remaval 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) ((If yes give war ar dates af service) NTERVAL BETWEEN DNSET_AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line toft(a)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit burial, cremati the requires that IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse peen the prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? af far use NO be retained by the haspital ar this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II af item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Haur a.m. Nat While While at work ot wark TO FUNERAL DIRECTOR: After 21. i certify that (1) (this haspital) attended the deceased fram director, page 3 shauld shauld shauld be filed with the and that death accurred at fram causes and an the date stated above. saw the deceased alive on 61 22b. DATE SIGNED 22o. SIGNATURE STAFF M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b DATE THEREOF 23g. BURIAL, CREMATION, REMOVAL (Specify) 25a. REC'S BY REGISTRAR 24 FUNERAL DIRECTOR 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09911

CERTIFICATE OF DEATH

09915

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Resident	ce before odmission)
	montagnery MARYLAND	many land. Prince	2=~~~
	b. CITY OR TOWN Af outside carporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporote limits, write RURAL and give	
	write RURAL and give negrest town)		
H	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS	e. IS RESIDENCE
l	d. NAME OF NOSTHAL OR INSTITUTION (II not in nospitol, give street oddress)		ON A FARM?
L	Washington Sovitarium d Hospital	17300 Wells Blvd. 2678.	3 YES NO DE
I	3. NAME OF First Middle DECEASED	Lost 4. DATE Month OF	Day Year
l	(Type or print) Major Howard	Wolfrey DEATH July :	28 1967
ſ	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER)	
ĺ	male white WIDOWED DIVORCED	2-13- 1914 (st birthday) Months	Doys Hours Min.
ľ	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR		IZEN OF WHAT
I	during most of working life, even if retired) NDUSTRY		UNTRY?
ŀ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0014
ı	Dellie Wolfrey		
ŀ	IS WAS DECEASED EVED IN ILS ARMED EDROFESS! 16 SOCIAL SECURITY NO. 17	NFORMANT Address	
ı	(Yes, ng, or unknown) (If yes give wor or dates of service)		
	100	trent's Hosp Record.	
l	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	P	ONSET AND DEATH
l	IMMEDIATE CAUSE (a) Dlad dev	Carcinoma	IYEAR.
ı	DUE TO		
ĺ	Conditions, if ony, which gove inse to immediate couse (a), (b)	+	GNONTHS.
ı	stating the underlying course DUE 10		1. 11
	last. (c) Met apélit	scious,)	wooks.
ĺ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMEO?
	ATIO		YES NO
l		(Enter nature of injury in Part I or Part II of item 18.)	
l	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
ı	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
ı	Hour'a.m. While Not While fact	ary, street, office bldg., etc.)	
l	Of Work — Of Work —	March , 19 60, to July 28 , 196	7, that (1) (we) lost
l	21. I certify that (I) (this hospital) attended the deceosed from sow the deceosed olive on 2 to 1967, and the	t deoth occurred of 520 M, from couses and on the	
	and the state of t		TE SIGNED
	bull G. Cranini, 15.	ATTENDING MED. STAFF	28/67
	22c. PHYSICIAN'S M.	D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	100
	NAME (Type) Hugo G. GRAZIANI , M.D.	10100 GEORGIA BUE	, S.S. Mo.
	230. BURIAL (REMATION, REMOVAL (Specify) 23b. Date thereof July 31, 1967 Ft Lincoln ((County) (State) ieo Md.
ľ	24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
1	F. Gasch's Sons Hyattsville, Md.	DATE AUG 1 1967 yellen	ces judge
Ł			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR 25/

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Miles on the se	That I will a	despired , it	ZARI TREM	

4 should be farwarded to the Chief Medical Examiner's Office along with form crematian, ar remaval, the certificate, 3 shauld may be retained far yaur FUNERAL DIRECTOR: Page Page burial the funeral directar. Health prior to 0 VR A15ME (5)

230. BURIAL CREMATION. Burial (Specify)

deoth resulted from: Natural couses

20c. TIME OF INJURY Month, Doy, Year

Hour o.m.

ACTUAL

SIGNATURE

23d. LOCATION (City or Town)

(City or town)

Undetermined manner

Inquiry

22. DATE SIGNED

and in my opinion

(Stote)

Address (Street, city, town, or county)

Homicide

CHIEF MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

20e. PLACE OF INJURY (Home, form,

Suicide

foctory, street, office bldg., etc.)

(County)

(County)

Montg.

Parklawn Cemetery

20d. INJURY OCCURRED

Not While

of work 21. I certify that I took charge of the remains described above, held on Autopsy \(\nabla_{\text{.}}\) Inspection

Accident |x

6M 1/67

TOWN CONTRACTOR OF THE PROPERTY OF THE PROPERT the formation of the first of the second state The Congress start Went I day toly a The same of the sa Total Court of the Court of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
09913
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare deceased lived, If Institution: Residence before edmission)
MANT GOMERY MARYLAND	a, STATE NEW YORK b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If oulsida corporate limits, write RURAL end give nearest town)
CERMANTOWN 10 YRS.	TICONDEROGA
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 8 PARK AVENUE o. IS RESIDENCE
MARYLANDER MISSING HIME	VAN X X X X X X X X X X X X X X X X X X X
3. NAME OF First Middle	Last 4. DATE Month Day Yeer
(Type or print) MARY	WOOD DEATH 7 7 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
F W WIDOWED DIVORCED	1-1-1882 Bast Dirihday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, evan if rettrad) HOMEMAKET	N. YORK U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Myron Rickert	Lydia Bump
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address ARLINGTON VA
(Yes, no, or unkown) (Ifyesgive war or dates of service)	TH L. WOOD-801 S.WALTER REED DR.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Contenies of	otre condivioused disease 15 years
DUE TO	Va Coo South
Control of the second	
gave rise to immediate cause	
(e), stating the underlying DUE TO	
cause last. (c)	OT AND THE TRANSPORT OF
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
[3]	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCURRO OR CONTRIBUTING OF DEATH BUT N 208. ACCIDENT WAS UNDERLYING OR DESCRIBE HOW INJURY OCCURRO OR CONTRIBUTING TO DEATH BUT N 208. ACCIDENT WAS UNDERLYING OR DESCRIBE HOW INJURY OCCURRO OR CONTRIBUTING TO DEATH BUT N 208. ACCIDENT WAS UNDERLYING OR DESCRIBE HOW INJURY OCCURRO OR CONTRIBUTING TO DEATH BUT N	ED. (Enter nature of injury in Part I or Part II of Item 18.)
20c TIME OF INJURY Month Day Year 20d INJURY OCCURRED 20c Bl	ACE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
	ctory, straat, office bldg., atc.)
21. I certify that (I) (this hospital) attended the deceased from	10 19.59 to 7/ 19.627 that (I) (lest
saw the deceased alive on 71.5 19.2, and that	death occurred all 2000 from the causes and on the date stated above.
22a SIGNATURE	22b. AATE
	ALD. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
Zec. PHYSICIAN'S	22d. ADDRESS
VNAME (Type) James P. Kerr	2661 Ridge Road-Damascus, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Removal 7/9/67 Valley View	w Cemetery Ticonderoga, New York
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
The S. H. Hines Co. Washington, D	. C. DATE JUL 11 1967 ycharles Judge
	Inuit and Inai

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 22 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 25M 1/67

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(o, CITY OR TOWN (tgom If outside	cornorote limit	s,	MA c. Length De Stay	RYLAND IN 16	o. STATE	ouisia	na.	ised lived, if instit b. CO ote limits, write R	UNTY	100		on)
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Mes					give street oddress) sda,Marylai	nd	d. STREET A		Magno	olia Str	eet		ON A FA	ARM?
-	NAME OF DECEASED Type or print)		Fi Mari	rst .lyn	Middle Louise		lost Wylie		4. DATE OF DEATH	*	nth uly	Doy 1		67
	emale		or or race ite	7. MARRIED WIDOWED			B. DATE OF B			9. AGE (In years last birthdoy) 36 yrs.	IF UNDER Months	Doys	IF UNDER Hours	Min.
urii	USUAL OCCUPATION ng most of working Housewil	life, even	nd of work done if retired)		KIND OF BUSINESS OR NDUSTRY		11. BIRTHP		Stote, or fo	oreign country)	12. C	ITIZEN OF OUNTRY? U.S.	WHAT A.	
3.	FATHER'S NAME Lawton (. M	itchell	Sr			14. MOTHER	Louis		1 077				
S. Ye	WAS DECEASED EVE s, no, or unknown) NO	R IN U.S. (If γes gi	ARMED FORCES? ve wor or dotes of	of service)	. Social security no. None			The Me	dical	Record Bethes				
	Conditions, if ony isse to immediat stating the under last.	TH WAS	CAUSED BY: MEDIATE CAUSE DUE [OVE] (0),	(o) <u>Hy</u> 10 (b) <u>Cr</u> 2	or (o), (b), ond (c).) coglycemia aniopharyn	gioma						3 00	RVAL BET ET AND D Lays	EATH
CALIDIA				ONTRIBUTING	TO DEATH BUT NOT R								WAS AUTO PERFORM S X	DPSY ED? NO
C CERTIF	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	☐ CAUSI	OF DEATH	200. 1	DESCRIBE HOW INJURY	ULLUKKED.	tenter noture	ot injury in F	ort I or Po	rt II of item 18.)				
MEDICA	20c. TIME OF INJU Hour o.r p.r	n.	ith, Day, Yeor 19	20d. While			CE OF INJURY tory, street, offi		20f.	(City or town)	(C	ounty)	(Stote)
	21. I certificate saw the decay signature with the same same same same same same same sam	fy that eceased web	B Gai	pital) atter July	nded the deceased 1 19 67,	fram_and tha	ATTENDIN D. PHYS.	curred at	P.M. P.M. MED. DIRECTOR	M, fram cause:	22b. (the date SIGN	e stated FD r 196	abave.
30.)N,	ane B.		23c. NAME OF CE		CREMATORY	titute	s of	Health	Bethes Iown)	(County	d 20	014_ tote)
24.	FUNERAL DIRECTO	R	7-6-6 A Pump	7 hrev	Green		Ceme	tery		Hammon	REGISTRAR'S	SIGNATUR	ana	40
	Rebert,	1 Pi	upper	1	Ave Bet	nesc	ia, Mu	DATE		1001	1	And	and C	7

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201920

09915

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fune all director, page 3 shauld be detached far use as the burial-transit permit. Then please remave-tracton papers. Pages 1 and shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after dear

CERTIFICATE OF DEATH

1.	PLACE OF DEATH						2. USUAL RESIDENCE (V	Where deced	sed lived, if institut		e before o	dmission)
	o. COUNTY Mon	tgomery			MARYLAN	ND	o. STATE Mary.	land	B. COU	Mont	gomer	У
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				OF STAY IN 1	lb	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neo					own)
		ver Spring					Silve	er Sp	ring	/	15.1	
	d. NAME OF HOSPIT.	AL OR INSTITUTION (If n	ot in hospi	tol, give street oc	ldress)		d. STREET ADDRESS				е.	S RESIDENCE ON A FARM?
	930	9 Harvey Re	oad	Ties has			9309	Harv	ey Road			NO Se
3.	NAME OF	Fi	irst	1	Middle		Lost	4. DATE OF	Mon	th	Doy	Year
	DECEASED (Type or print)	SUL	A		MARY		YERMAN	DEATH	0			19 67
S.	SEX	6. COLOR OR RACE	7. MARR		R MARRIED [DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months 1		UNDER 24 HRS. Hours Min.
	Female	White		VED 🔯	DIVORCED [Dec 15, 189		76 yrs.			
10	o. USUAL OCCUPATION	(Give kind of work done	10	b. KIND OF BUSIN	IESS OR		11. BIRTHPLACE (County	& Stote, or f	oreign country)		IZEN OF W JNTRY?	/HAT
40	ring most of working Housewi	fe		THE OSTICE	***		Latv:				US	SA
13	3. FATHER'S NAME						14. MOTHER'S MAIDEN I	NAME				
	Elias Sh	aivitz				10		a Gar				
15	S. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	of service)	16. SOCIAL SECU	RITY NO.	17. IN	FORMANT		Addr	2 cmin	e as	
1	No	(if yes give wor or dotes		unkne	own	Hil	da Resiman	, Dau	ghter	No.	2 at	ove
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN											
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ACUTE MYOCARDIAL INFARCTION LESS THAN I											
	4201		E TO									
П	rise to immediate course (a)								UNK	NOWY		
	stoting the unde		E TO								-	
h	lost.		(c)									
Z	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTI	NG TO DEATH BU	IT NOT RELATE	ED TO TH	IE TERMINAL DISEASE CON	NDITION GIV	/EN IN PART 1(o)			AS AUTOPSY RFORMED?
CATIC				NON			4 To 10 1 Tons				YES	□ NO 🖸
CERTIFICATION	LIF CHINCK, NUTIFI	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	201	b. DESCRIBE HOW	INJURY OCCU	JRRED. (I	nter noture of injury in	Port I or Po	ort 11 of item 18.)			
MEDICAL	20c. TIME OF INJ	URY Month, Doy, Yeor		od. INJURY OCCU			OF INJURY (Home, form		(City or town)	(Cou	inty)	(Stote)
ME	Hour o.t	10	ot	While Not W		tocto	ry, street, office bldg., etc.)				
	21. I certi	ify that (1) (this ho	spital) at	ttended the d	eceased fr	am M	ARCH 14 ,1	1967.	ta JULY	18, 196	2, that	t (I) ()
-	saw the d	eceased alive an			67, an	d that	death accurred at	811	M, fram causes	and an th	ne date	stated abave
	.220. SIGNATURE	.220. SIGNATURE 22b. DATE SIGNED									1015	
	Edu	D may	De	ema	~	M.D	PHYS.	DIRECTOR	L PHYS. L	JULY	118,	1967
	22c. PHYSICIAN'S NAME (Type		D A	BEF	MAN		/	015	SPRING			910
L	HAME (11be								R SPRIM			
23	 BURIAL, CREMATION REMOVAL (Specify 	1		23c. NAM	NE OF CEMETE	RY OR C	REMATORY		OCATION (City or To		(County)	(Stote)
L	Burla	T I JUTA			th Tef	iloh	Cem. Cem	B.	1967 RAR 1967	FCISTDAD'S S	CHATILE	
1	24. FUNERAL DIRECTO	GOTGBELK	Fune	ral Hom	BKEZZ		2So. REJ	DIEN RESIS	I 1967 Sb. R	gcles,	GNATURE	
		1	+217	9th Str	eet N.	W.	DATE			4 may	YAU Y	sedas

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

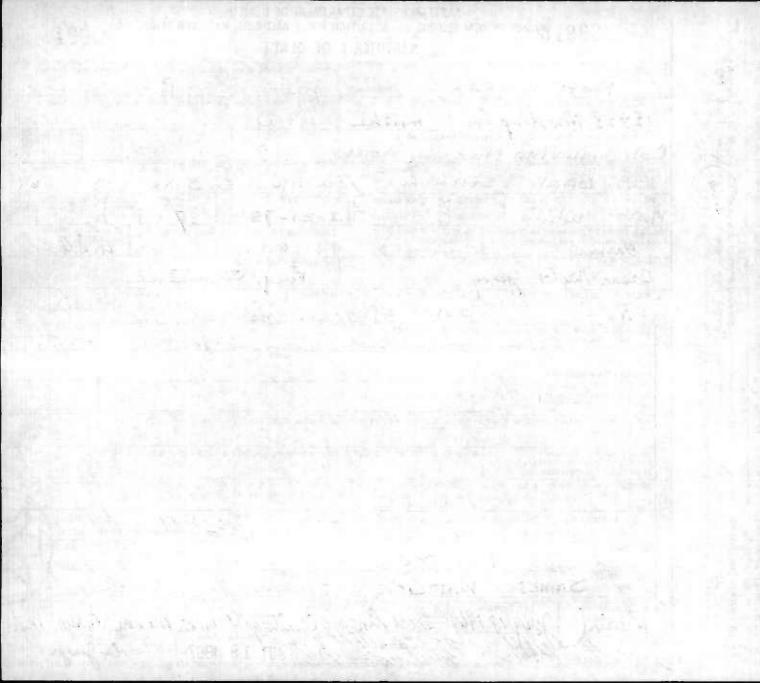
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I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
O. COUNTY MONTSONERX MARYLAND	o, STATE - Prince George
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
12325 New-trop are months	Adelphi 16
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e IS RESIDENCE ON A FARM?
Cohoniab VIllA NURSING HOME	8907 24 - We YES 1 NO 12
3. NAME OF DECEASED (Type or print) LOARN STANLEY XO	Lost OF Month Day Year OF DEATH July 17 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In yeors IFUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
MAIE WHILE WIDOWED DIVORCED :	1-21-18 84 Yrs.
IDD. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) The state of	11. BIRTHPLACE (County & Stote, or foreign Juntry) 12. CITIZEN OF WHAT COUNTRY COUNTRY
2. FATHER'S NAME Newton Young	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown) (If yes give wor or dotes of service) 261-10-2978)	NAME ROCK 8907 24 th are (Daughter)
1B. CAUSE OF DEATH (Enter only one couse per line for (q), (b), ond (e).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A CONTROL OF CONTROL	Confider alar Disease Interval Between
4231 DUE TO	
Conditions, if ony, which gove) (b)	
rise to immediate couse (a), (DUE TO	
stoting the underlying couse (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o). 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	Enter noture of injury in Port I or Port II of item IB.)
	E OF INJURY (Home, form, ory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 7 (4 1967, and that	death occurred at 2 2 Att, fram causes and an the date stated abave.
220. SIGNATURE DE M.D. M.D.	ATTENDING MED. STAFF 22b. DATE SIGNED PHYS. DIRECTOR PHYS.
22c. PHYSTCIAN'S NAME (Type) JAMES WILITLICIC	712 Carsol Ave Tolowophill while
230. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C	ly Cenetury Colman monor, Palseo, ml
24. EHNERAL DIRECTOR	250. BY DE BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Cleanly Under

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retoined by the hospital or ottending physician.

filled in by the papers. Pages iniin 72 hours of e

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and corpoteters, director, page 3 should be detached for use as the burial-transit permit. Then please remay's carbon should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, with VR A15 (4) 25M 1/67



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and to any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF

Ttems #100	1 337 5/7/67 ph
1. PLACE DF DEATH a. COUNTY Mont comensy	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
Montgomery b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda	Maryland Montcomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
5106 Manning Drive	5106 Manning Drive
3. NAME DF DECEASED (Type or print) 1 HOMAS Middle Ve	Last 4. DATE Month Day Year OF DEATH July 24 1967
7. MARKIED NEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Isst birthday) Months Days Hours Min.
Male White WIDOWED DIVORCED DI	-30-1882 84 yrs. State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) Retired INDUSTRY	Pennsylvania U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cyrus H. Young	Caroline Knouse
(Yes, no, or unknown) (If yes alve war or dates of service)	INFORMANT Address Md.
577-03-6295 T.	Gordon Young 5106 Manning Dr. Bethesda
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TERMINAL BRI	ON CHO PINEUMOIA 3 MYS
DUE TO THE	A DA - Com - A Asim Barrey
Conditions, If any, which gave rise to immediate (b) IHROMBOSIS LE	EFT MIDDLE CEREBRAL ARTHY 3 MONTHS
cause (a), stating the underlying cause last. DUE TO ARTERIOS CLEROS 15	GENERAL AND CEREBRAL 6 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN factor 20m. 20m.	CE OF INJURY (Home, farm, ry, street, office bidg., etc.) 20f. (City or town) (County) (State)
21. I certify that (I) (this hespital) attended the deceased from 2	EC. 21 , 1965, to July 24, 1967, that (1) (we) last
	t death occurred at \$1.30 M, from the causes and on the date stated above
1220 SIGNATURE NO COLOR M.D.	ATTENDING MED. STAFF 22b. DATE SIGNED DIRECTOR PHYS. DV4 24 1467
22c. PHYSICIAN'S NAME (Type) Robert G. Angle	5009 Del Ray Ave. Bethesda, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 7-27-1967 Cedar Hill	Cemetery Suitland Ma
24. FUNERAL DIRECTOR ADDRESS Joseph Gawler's Sons Inc.	25a. REC'D BY REGISTRAR 25D REGISTRAR'S SIGNATURE
Joseph Gawler's Sons Winc DC 5130 Wisc. Ave. N. Wash DC	DATE JUL 28 1987 Scharles Judges

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.D. absectes .nus ver fac 2008	Darf . L. trooder . L	
Sendor Hill Comercy Justine, Jan Link report		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admis	ision)		
a. COUNTY MONTGOMERY MARYLAND	e. STATE MARYLAND b. COUNTY MONTGOMER	4		
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to	own)		
write RURAL and give)nearest town)	7	,,,,,		
TAROMA PARK 24 days	TAKOMA PARK 151			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDE ON A FARM			
WASHINGTON SAN, + HOSPITAL	19131 MAPLE AUE, YES NO			
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year			
10 100112 1114 /	NGBLOOD DEATH JULY 2/ 196			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Iast birthday) Months Days Hours Months Days Months M			
WH WIDOWED DIVORCED	2/28/84 83 yrs. Months Days Hours M	Min.		
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT	_		
during most of working life, even if retired) INDUSTRY	WEST VIRGINIA COUNTRY?			
HOUSE WIFE	14. MOTHER'S MAIDEN NAME			
JAMES MC DONALD	VIRGINIA KID. WELL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		_		
(Yes, no, or unkown) (If yes give war or dates of service)	2- 2- 1			
	HOSPITAL RECORDS			
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWE			
PART I. DEATH WAS CAUSED BY: Cardiac hypertrop	hy with hypertension and heart years			
H4.3X	failure			
Cenditions, If any, which Due To (b) Associated: pulmo	nary atelectasis, severe with days			
	eral hydrotherax			
compo (a)) otacing the	eral nydrothbrax			
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOF			
PARTITUTHER SIGNIFICANT CONDITIONS CONDRIBUTING TO DEATH BUT NOT REL	PERFORME	D?		
Dearles Meditus	YES NO			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING TO CREATE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
O fact	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State ory, street, office bidg., etc.)	e)		
Hour a.m. While Not While at work	/ /			
21. I certify that (I) (this hamital) attended the deceased from_	1978, to 7/21//27, 19, that (I) (we)	last		
saw the deceased alive on 7/2 / 6 7 19 and the	at death occurred a M, from the causes and on the date stated ab			
22a, SIGNATURE	22b. DATE SIGNED			
21 /3/11	ATTENDING MED. STAFF 7/2 7/47			
22c. PHYSICIAN'S M.	D. PHYS. DIRECTOR PHYS.			
NAME (Type) 4. 13. QUEEN	344 Univ. Blod W Salver - presses.			
23a. BURIAL CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETER		7		
REMOVAL (Specify)	The state of the s	77/		
24. FUNERAL DIRECTOR ADDRESS /	1 25a. REC'D BY SEGISTRAB 25b. REGISTRAR'S SIGNATURE	K,		
24. FUNERAL DIRECTOR ADDRESS ADDRESS				
X. Wither Waller, 234 Carral St NN. Na	DATE			

VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event within 7 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

09919	CERTIFICATI	E OF DEATH	00003
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution o. STATE West Virginia	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL Martinsburg	ond give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF not		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
The Clinical Center, 3. NAME OF First		lost 14 DATE Month	VES NO X
DECEASED (Type or print) Ros		Zombro DEATH July	
2000	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years L	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
Female White 10a. USUAL OCCUPATION (Give kind of work done	NIDOWED DIVORCED 10b. KIND OF BUSINESS OR	15 November 1923 43 yrs.	12. CITIZEN OF WHAT
during most of working life, even if retired) Housewife	INDUSTRY None	West Virginia	COUNTRY?
13. FATHER'S NAME	None	14. MOTHER'S MAIDEN NAME	UDA
John W. Owe	ns	Ida Kees	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of s		INFORMANT The Medical Recorderss are Clinical Center, Bethesday	
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CON	Chronic Mye	Septicemia logenous Leukemia THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	2 years,
200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 400. A	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port I or Port II of item 18.)	YES X NO
20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(County) (Stote)
sow the deceased alive on 18	tol) ottended the deceosed from_3_July1967_, ond the	2 May , 1967, to 18 July of deoth occurred of 4:45 M, from couses or	$_{-}$, 19 67 , that $lpha$ (we) losed on the date stated above
220. SIGNATURE Lichard 2	See to the see	.D. PHYS. DIRECTOR PHYS.	19 July 1967
22c. PHYSICIÁN'S NAME (Type) Michael I	Emmer, MD.	22d ADDRESS The Clinical Cen Institutes of Health, B	ter, National ethésda, Md.
230. BURIAL, CREMATION, REMOVAL (Specify) Burial 7-22-19			(County) (Stote) - Berkeley W. V
24. FUNERAL DIRECTOR GLAUM Brown Funeral Home	ADDRESS Martinsburg, V	1111 0 1 4007 004	STRAR'S SIGNATURE

A In Society See Section the transfer of the second of of goldensel - This was the grant and the second of the se ness miles being to be married on the view of the 2 I 1882 Property of the